



2021 Updates to California's Medical-Legal Fee Schedule

May 14, 2021



Some Required Legal Language!

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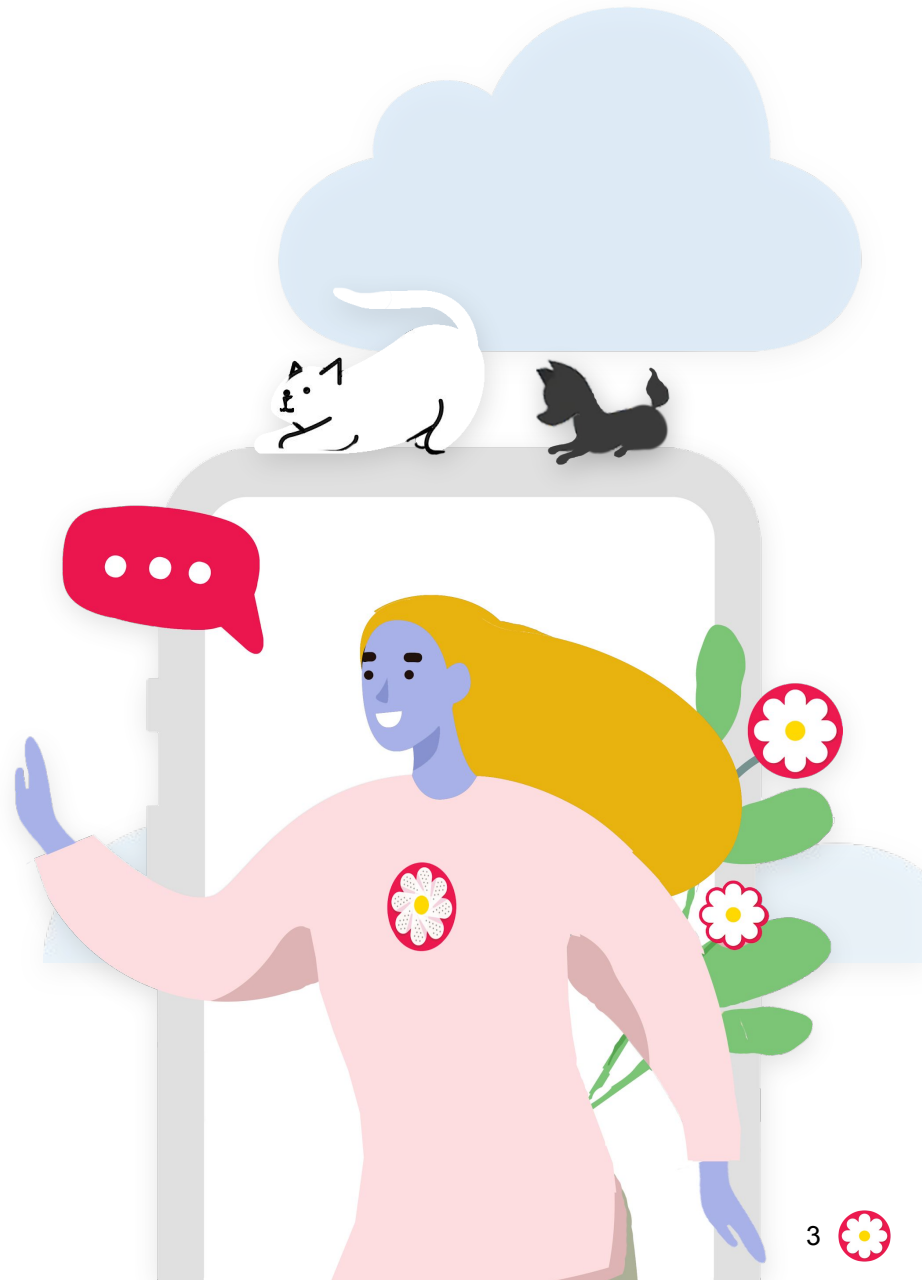
Ask Me Questions

Phone

347-676-1548

Email

smoray@daisybill.com



Med-Legal Fee Schedule Report Cards

Since California's new MLFS took effect on April 1, 2021, we've been better than others at properly reimbursing new billing codes and modifiers. With our Report Cards, providers can see which claims administrators get Medical-Legal payment right, which get it wrong, and how to appeal incorrect payments.

- Average Days to Payment**
Real-time information about workers' comp
- MLFS Report Cards**
2021 Med-Legal Fee Schedule Report Cards



[Questions? Schedule a Call](#)



ML200 - Mitsui Sumitomo Insurance: Grade A

Claims administrator properly processed reimbursement for ML200. Date of Service: 04/02/2021

[View Report Card](#)



ML200 - Next Level Administrators: Grade F

Claims administrator failed to properly reimburse ML200. Next Level Administrators incorrectly denied 4

DaisyBill: Medical-Legal Experts

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 10 31 19 QUAL.			15. OTHER DATE QUAL. MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a. _____ 17b. NPI _____			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below A. R52 B. _____ C. _____ E. _____ F. _____ I. _____ J. _____						22. RESUBMISSION CODE ORIGINAL REF. NO. AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE			C. EMPLOYER			G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #					
MM	DD	YY	MM	DD	YY												
04	01	21	04	01	21	11			1.0		ZZ	133V00000X	1549462303				
04	01	21	04	01	21	11			50.0	50.0	NPI	133V00000X	1549462303				
											NPI						
											NPI						
											NPI						
											NPI						
											NPI						
25. FEDERAL TAX I.D. NUMBER 873728728			SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>			26. PATIENT'S ACCOUNT NO. 565db1009316-1			27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$ 653.75		29. AMOUNT PAID \$	30. Rsvd for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse...)						32. SERVICE FACILITY LOCATION INFORMATION Flower Valley Industrial Care 4747 Donnelly Springs						33. BILLING PROVIDER INFO & PH # (888) 555-5000 Test 4836 Marquardt Harbor					

2020
100,000+
Medical-Legal
Bills Sent

PHYSICIAN OR SUPPLIER INFORMATION

1
2
3
4
5
6



LABOR CODE - LAB

DIVISION 4. WORKERS' COMPENSATION AND INSURANCE [3200 - 6002]

PART 4. COMPENSATION PROCEEDINGS [5300 - 6002]

CHAPTER 2. Limitations of Proceedings [5400 - 5413]

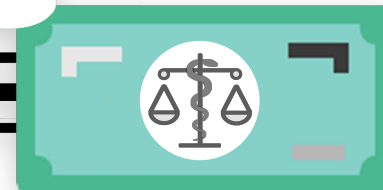
§ 4622

All medical-legal expenses for which the employer is liable shall, upon receipt by the employer of all reports and documents required by the administrative director incident to the services, be paid to whom the funds and expenses are due, as follows:

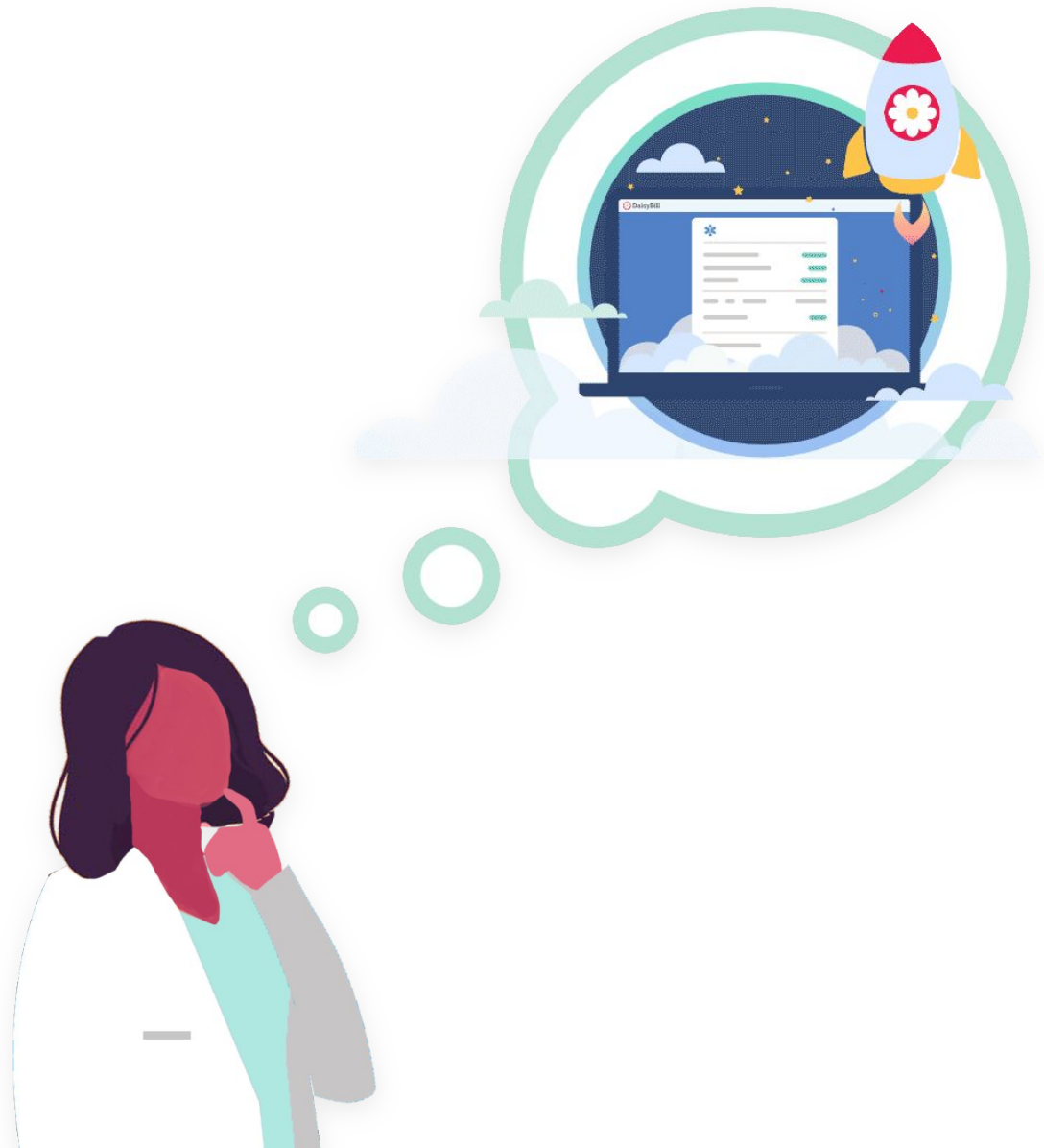
(a) (1) Except as provided in subdivision (b), **within 60 days after receipt by the employer** of each separate, written billing and report, and if payment is not made within this period, that portion of the billed sum then unreasonably unpaid shall be increased by 10 percent, together with interest thereon at the rate of 7 percent per annum retroactive to the date of receipt of the bill and report by the employer. If the employer, within the 60-day period, contests the reasonableness and necessity for incurring the fees, services, and expenses using the explanation of review required by Section 4603.3, payment shall be made within 20 days of the service of an order of the appeals board or the administrative director pursuant to Section 4603.6 directing payment.

Med-Legal Bills Paid in Less Than 15 Days





Claims Administrator Name	Avg. Business Days to Payment	Bill Volume Percentage
Sedgwick Claims Management Services	11	15.4%
State Compensation Insurance Fund	15	10.1%
Gallagher Bassett	7	7.9%
Travelers	11	4.2%
Berkshire Hathaway Homestate Companies	14	3.6%
ESIS, Inc.	12	3.4%
Zurich Insurance North America	10	3.0%
CorVel	6	2.9%
Liberty Mutual Insurance	7	2.8%
AmTrust North America	14	2.5%

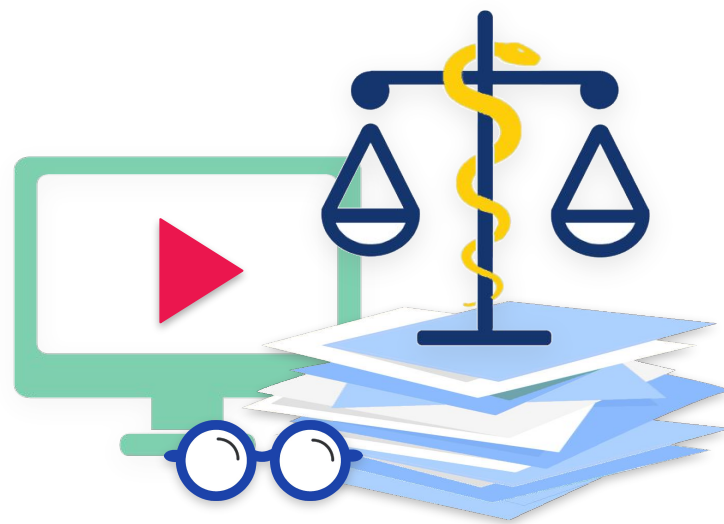


Electronic: Better Billing, Better Results

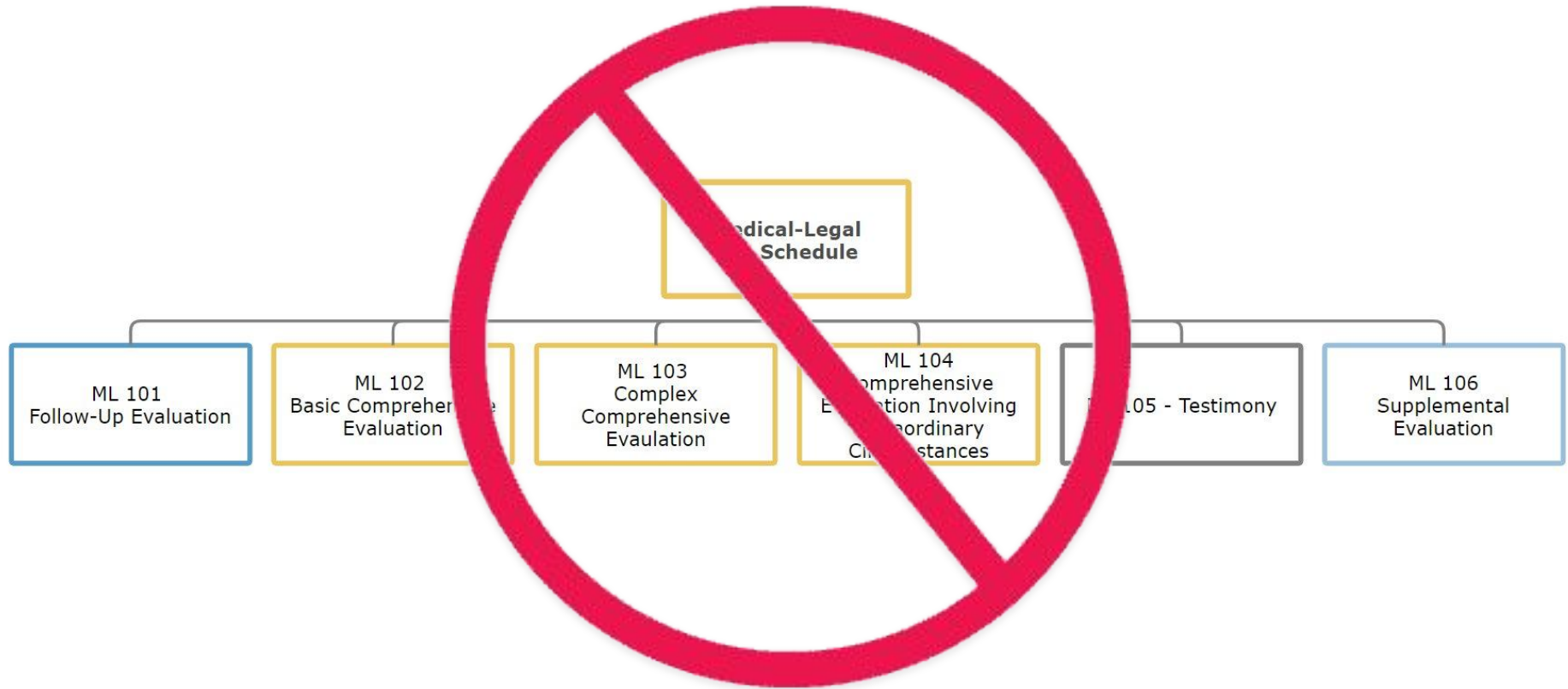


COA 2021: Medical-Legal Topics

-  1. New MLFS billing codes
-  2. Updated MLFS billing instructions
-  3. MLFS Modifiers: Calculating reimbursements
-  4. FREE MLFS Resources



Fee Schedule Changed 4-1-21



CA: Medical-Legal Fee Schedule

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

Medical-Legal Fee Schedule



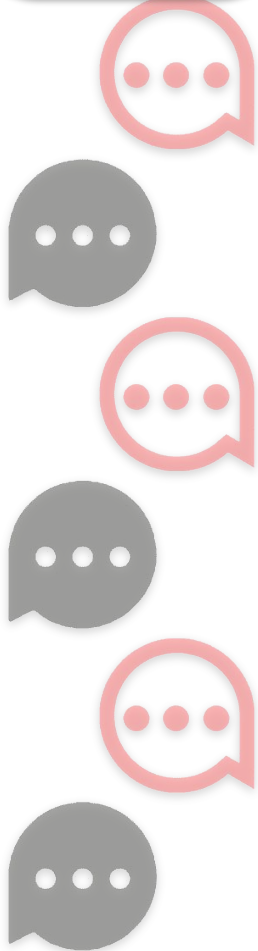
Medical-Legal Fee Schedule

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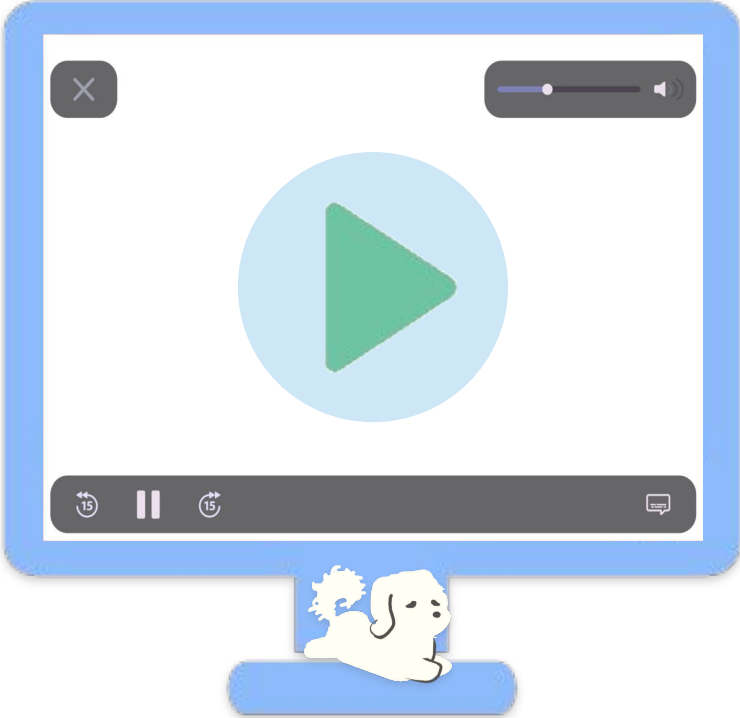


Medical-Legal Fee Schedule

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Effective April 1, 2021



Medical-Legal Fee Schedule

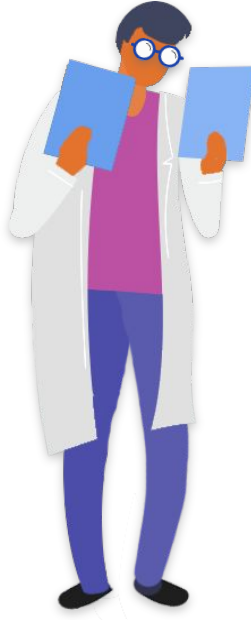
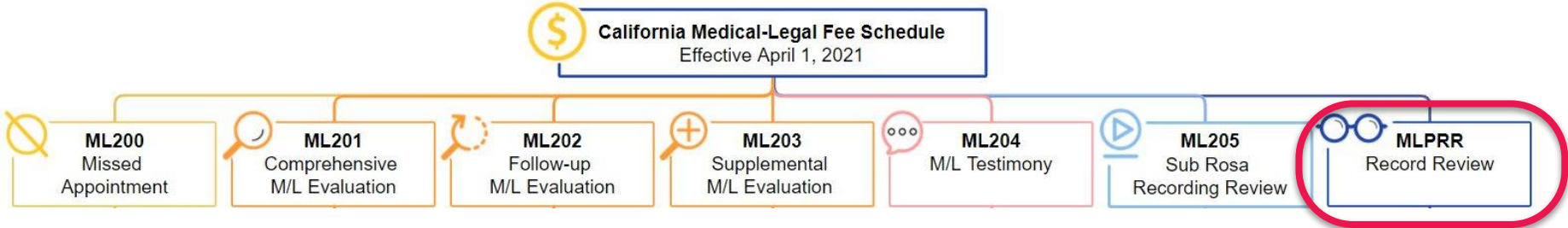


Medical-Legal Fee Schedule









 **California Medical-Legal Fee Schedule**
Effective April 1, 2021



MPPRR - Record Review



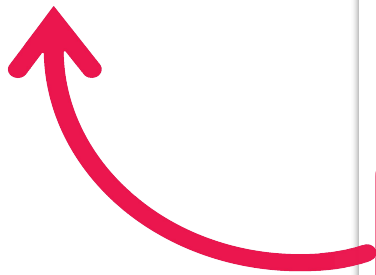
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Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
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	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

§ 9795. Reasonable Level of Fees for Medical-Legal Expenses

tests which were ordered by the physician as part of the initial evaluation:

<u>CODE</u>	<u>B.R.</u>	<u>PROCEDURE DESCRIPTION</u>
<u>ML-PRR</u>	(\$3.00 per page)	<u>Record Review. This billing code used to identify charges for review of records in excess of pages included in medical-legal numerical billing codes. Excess pages are billed at three dollars per page.</u>

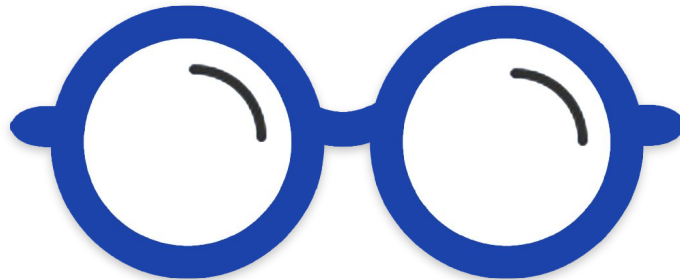


<u>CODE</u>	<u>B.R.</u>	<u>PROCEDURE DESCRIPTION</u>
<u>ML-PRR</u>	(\$3.00 per page)	<u>Record Review. This billing code used to identify charges for review of records in excess of pages included in medical-legal numerical billing codes. Excess pages are billed at three dollars per page.</u>

(d) The services described by Procedure Codes ML_4201 through ML_42063 may be modified under the circumstances described in this subdivision. The modifiers shall not be applicable to per page charges for record review in any of the Procedure Codes ML-201 through ML-203. The modifying circumstances shall be identified by the

§ 9793. Definitions.

(n) **“Record Review”** means the review by a physician of documents sent to the physician in connection with a medical-legal evaluation or request for report. The documents may consist of medical records, legal transcripts, medical test results, and or other relevant documents. For purposes of record review, a page is defined as an 8 ½ by 11 single-sided document, chart or paper, whether in physical or electronic form. Multiple condensed pages or documents displayed on a single page shall be charged as separate pages. Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician. The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider. Any documents or records that are sent to the physician without the required declaration and attestation shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.



§ 9793. Definitions.

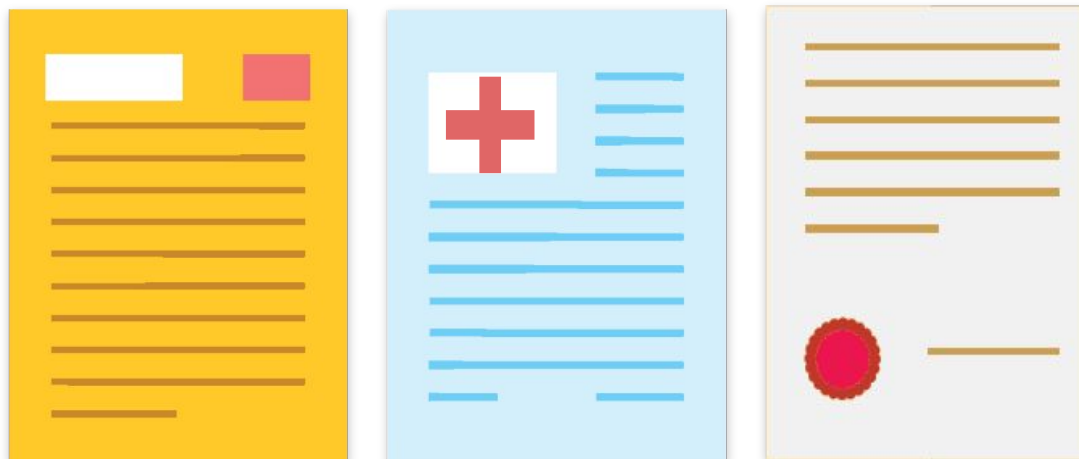
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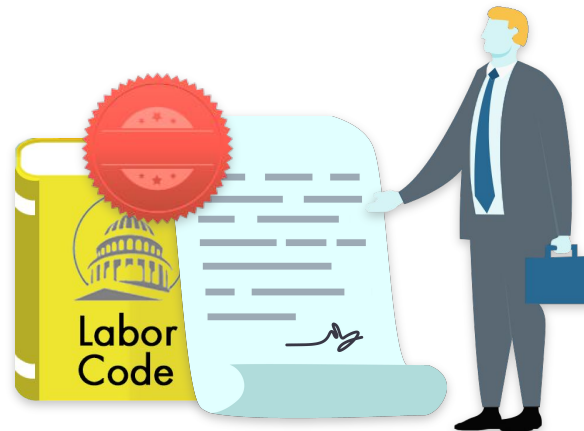
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LAB §4062.3. Determination of Medical Issues



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Search Phrase:

LABOR CODE - LAB

DIVISION 4. WORKERS' COMPENSATION AND INSURANCE [3200 - 6002] (*Heading of Division 4 amended by Stats. 1979, Ch. 373.*)

PART 1. SCOPE AND OPERATION [3200 - 4418] (*Part 1 enacted by Stats. 1937, Ch. 90.*)

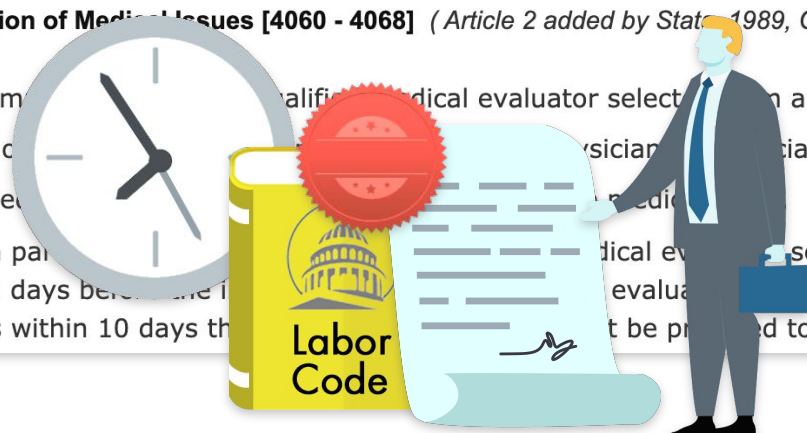
CHAPTER 7. Medical Examinations [4050 - 4068] (*Chapter 7 enacted by Stats. 1937, Ch. 90.*)

ARTICLE 2. Determination of Medical Issues [4060 - 4068] (*Article 2 added by Stats. 1989, Ch. 892, Sec. 28.*)

4062.3. (a) Any party may request a qualified medical evaluator selected from a panel any of the following information:

- (1) Records prepared or maintained by a physician or other medical professional.
- (2) Medical and nonmedical records.

(b) Information that a party requests from a medical evaluator selected from a panel shall be served on the opposing party 20 days before the evaluator's report is to be prepared. If the opposing party objects to consideration of nonmedical records within 10 days of the date the records are to be prepared, the records shall not be provided to the evaluator. Either party may use



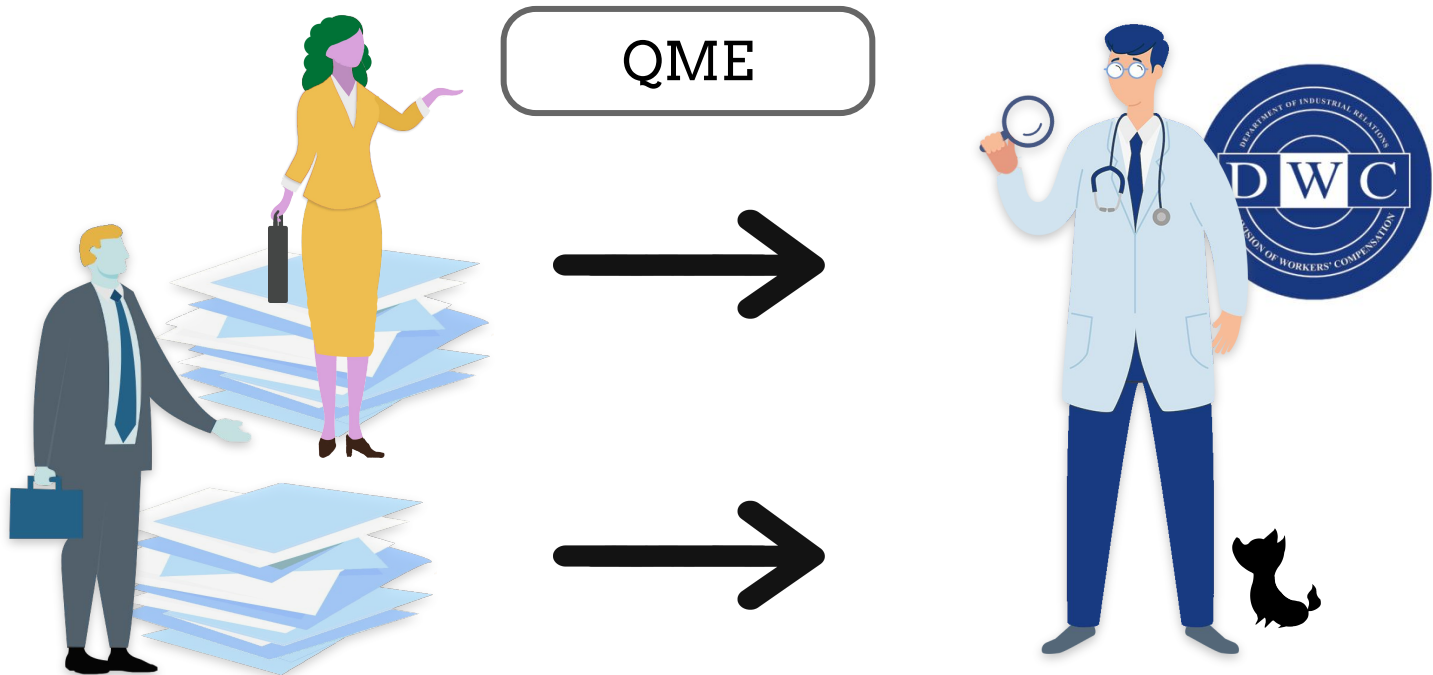
Information Provided to Medical-Legal Evaluators

LAB §4062.3.

(a) Any party may provide to the **qualified medical evaluator selected from a panel** any of the following information:

(1) Records prepared or maintained by the employee's treating physician or physicians.

(2) Medical and nonmedical records relevant to determination of the medical issue.



Information Provided to Medical-Legal Evaluators

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- (1) Records prepared or maintained by the employee's treating physician or physicians.
- (2) Medical and nonmedical records relevant to determination of the medical issue.

(b) Information that a party proposes to provide to the qualified medical evaluator selected from a panel shall be served on **the opposing party 20 days before the information is provided to the evaluator.** If the opposing party objects to consideration of nonmedical records within 10 days thereafter, the records shall not be provided to the evaluator. Either party may use discovery to establish the accuracy or authenticity of nonmedical records prior to the evaluation.



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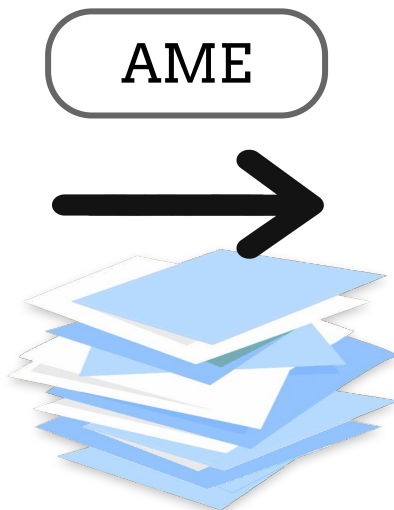
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(c) If an **agreed medical evaluator** is selected, as part of their agreement on an evaluator, the parties shall agree on what information is to be provided to the agreed medical evaluator.



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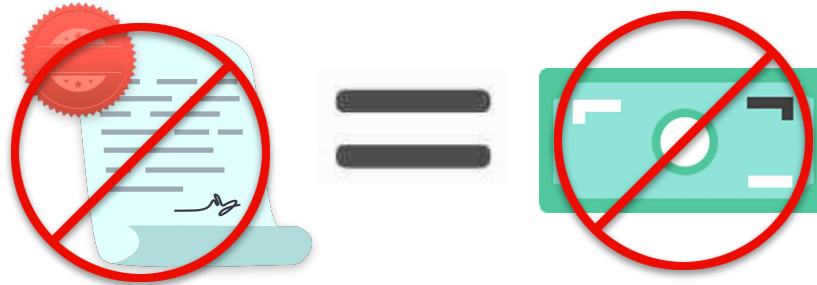
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- For purposes of this section, a document, including a document that is a multiple copy, shall be charged as separate documents if the document is accompanied by a declaration that the document is being provided with the physician's review.
- The declaration must also contain an attestation as to the total page count of the documents provided.
- A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider.



single-sided

shall be charged

accompanied by a
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- For purposes of this section, a document, including a document that is a duplicate, shall be considered a single-sided document.

- Multiple copies of a document shall be charged as separate documents.

- Any document that is not accompanied by a declaration that complies with the provisions of this section shall not be considered available to the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.



single-sided

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DWC:Play Nicely in Med-Legal Sandbox



NEWSLINE

Release Number: 2021-35

March 30, 2021

OAL Approves Medical-Legal Fee Schedule Regulations Effective April 1

The Division of Workers' Compensation (DWC) has received notification from the Office of Administrative Law

DWC realizes that there are Qualified Medical Evaluator (QME) evaluations currently scheduled for April that may not comply with the provisions of the attestation requirement for medical records under the new Medical-Legal Fee Schedule. The parties to these evaluations should communicate with each other to reach agreement on the handling of these evaluations.

Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician. The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider. Any documents or records that are sent to the physician without the required declaration and attestation shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.”

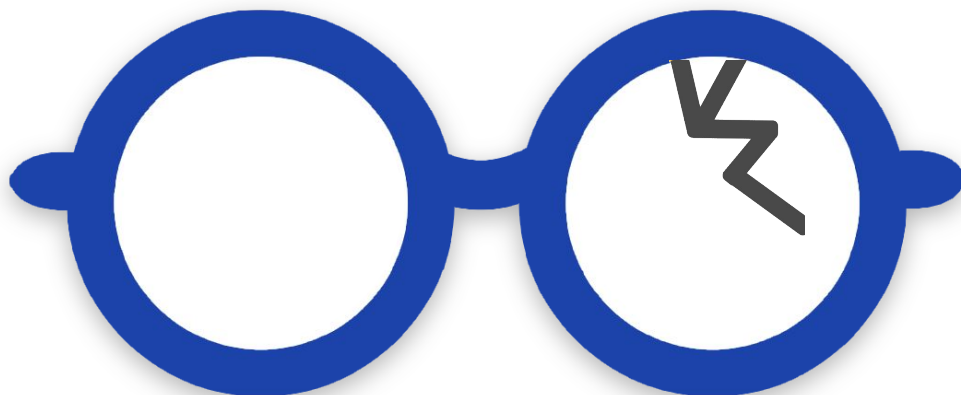
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The California Department of Industrial Relations, established in 1927, protects and improves the health, safety, and economic well-being of over 18 million wage earners, and helps their employers comply with state labor laws. DIR is housed within the Labor & Workforce Development Agency.



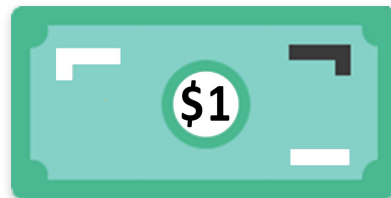
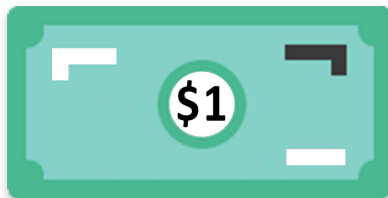
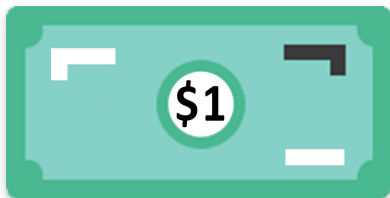
§ 9795. Reasonable Level of Fees for Medical-Legal Expenses

<u>CODE</u>	<u>B.R.</u>	<u>PROCEDURE DESCRIPTION</u>
<u>ML-PRR</u>	(\$3.00 per page)	<u>Record Review. This billing code used to identify charges for review of records in excess of pages included in medical-legal numerical billing codes. Excess pages are billed at three dollars per page.</u>



§ 9793. Definitions.

(n) “**Record Review**” means the review by a physician of documents sent to the physician in connection with a medical-legal evaluation or request for report. The documents may consist of medical records, legal transcripts, medical test results, and or other relevant documents. For purposes of record review, a page is defined as an 8 ½ by 11 single-sided document, chart or paper, whether in physical or electronic form. Multiple condensed pages or documents displayed on a single page shall be charged as separate pages. Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician. The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider. Any documents or records that are sent to the physician without the required declaration and attestation shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.



MLPRR Checklist



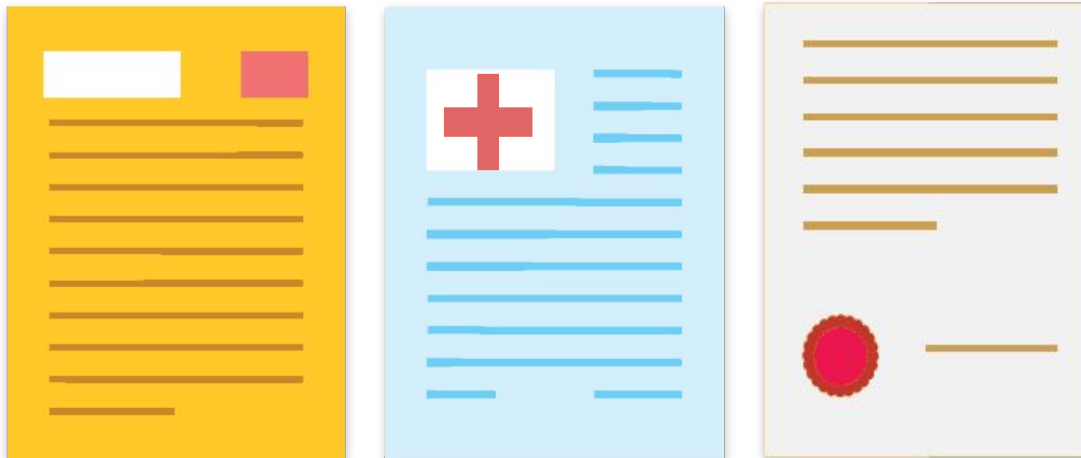
MLPRR - Record Review Checklist

1. Records: Documents provided by party (QME) or parties (AME).



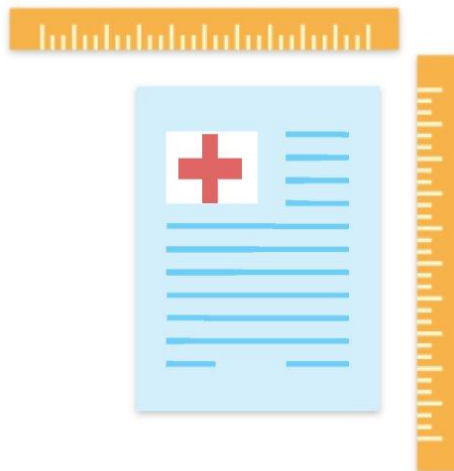
MLPRR - Record Review Checklist

1. Records: Documents provided by party (QME) or parties (AME).
2. Documents Compliant: The documents received comply with the regulation definition of medical records, legal transcripts, medical test results or other relevant documents.
 - a. For purposes of record review, a page is defined as an 8 ½ by 11 single-sided document, chart or paper, whether in physical or electronic form.
 - b. Multiple condensed pages or documents displayed on a single page shall be charged as separate pages.



MLPRR - Record Review Checklist

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MLPRR - Record Review Checklist

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 - a. For purposes of record review, a page is defined as an 8 ½ by 11 single-sided document, chart or paper, whether in physical or electronic form.
 - b. Multiple condensed pages or documents displayed on a single page shall be charged as separate pages.
3. Labor Code §4062.3 Declaration: The documents must include a declaration signed under the penalty of perjury that prior to sending the documents, the provider of documents complied with Labor Code 4062.3.



MLPRR - Record Review Checklist

1. Records: Documents provided by a party (QME) or parties (AME).
2. Documents Compliant: The documents received comply with the regulation definition of medical records, legal transcripts, medical test results or other relevant documents.
 - a. For purposes of record review, a page is defined as an 8 ½ by 11 single-sided document, chart or paper, whether in physical or electronic form.
 - b. Multiple condensed pages or documents displayed on a single page shall be charged as separate pages.
3. Labor Code §4062.3 Declaration: The documents must include a declaration signed under the penalty of perjury that prior to sending the documents, the provider of documents complied with Labor Code 4062.3.
4. Labor Code §4062.3 Declaration: The declaration must include an attestation as to the correct total page count of documents provided.



MLPRR - Record Review Checklist

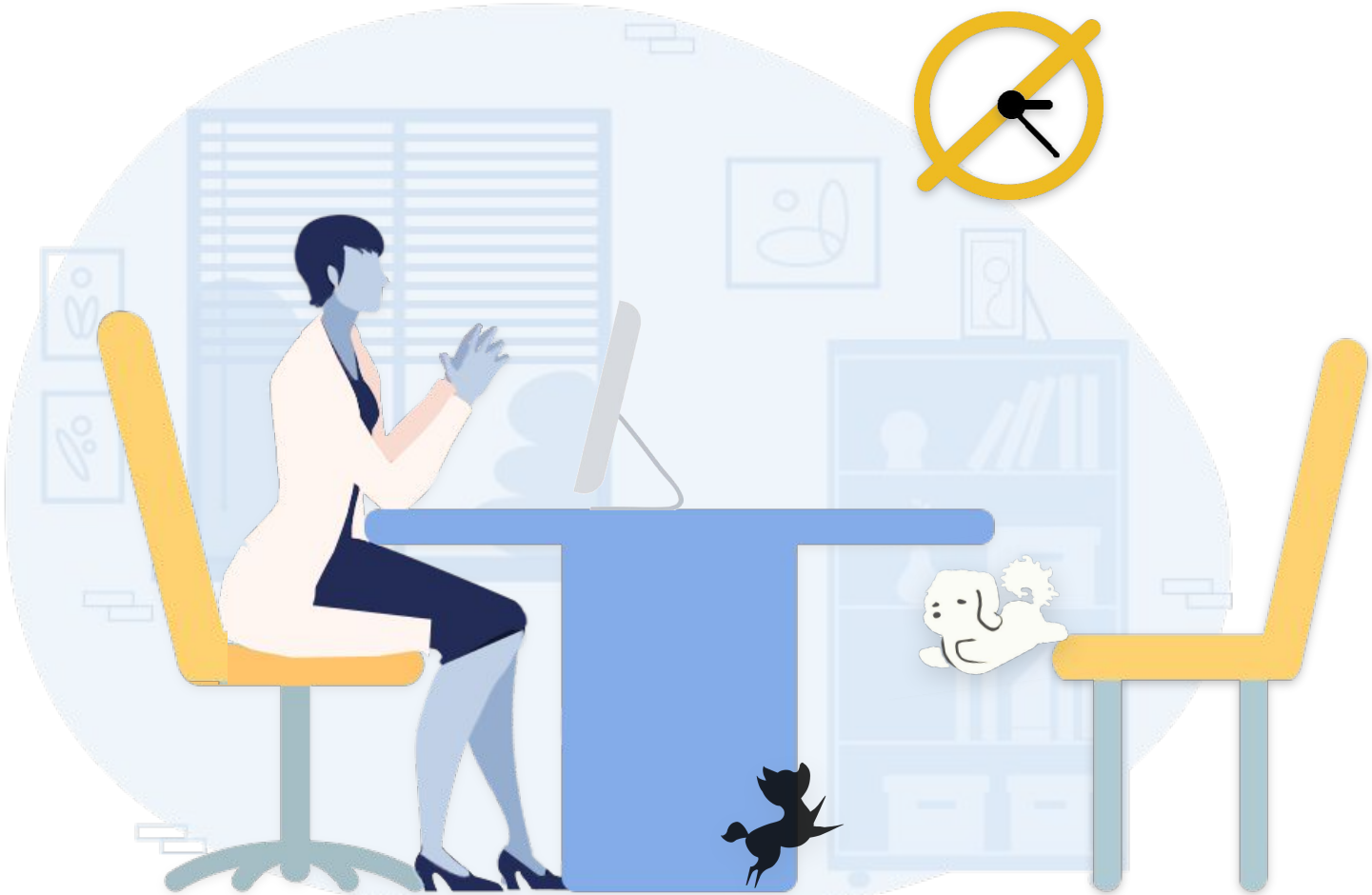
1. Records: Documents provided by a party (QME) or parties (AME).
2. Documents Compliant: The documents received comply with the regulation definition of medical records, legal transcripts, medical test results or other relevant documents.
 - a. For purposes of record review, a page is defined as an 8 ½ by 11 single-sided document, chart or paper, whether in physical or electronic form.
 - b. Multiple condensed pages or documents displayed on a single page shall be charged as separate pages.
3. Labor Code §4062.3 Declaration: The documents must include a declaration signed under the penalty of perjury that prior to sending the documents, the provider of documents complied with Labor Code 4062.3.
4. Labor Code §4062.3 Declaration: The declaration must include an attestation as to the correct total page count of documents provided.
5. Purge Noncompliant Documents: If sender fails to include Labor Code §4062.3 Declaration with page count attestation.

ML Code	ML-PRR
Procedure	Record Review (Page Count)
Description	This billing code used to identify charges for review of records in excess of pages included in medical-legal numerical billing codes. Excess pages are billed at three dollars per page.
Relative Value (RV) \$16.25	N/A
Units	1+
Payment per Unit	\$3.00
Record Review - MLPRR	<p>§9793. Definitions. (n) “Record Review” means the review by a physician of documents sent to the physician in connection with a medical-legal evaluation or request for report. The documents may consist of medical records, legal transcripts, medical test results, and or other relevant documents.</p> <p>For purposes of record review, a page is defined as an 8 ½ by 11 single-sided document, chart or paper, whether in physical or electronic form. Multiple condensed pages or documents displayed on a single page shall be charged as separate pages.</p> <p>Any documents sent to the physician for record review must be accompanied by a declaration under penalty of perjury that the provider of the documents has complied with the provisions of Labor Code section 4062.3 before providing the documents to the physician.</p> <p>The declaration must also contain an attestation as to the total page count of the documents provided. A physician may not bill for review of documents that are not provided with this accompanying required declaration from the document provider.</p> <p>Any documents or records that are sent to the physician without the required declaration and attestation shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.</p>
Applicable Regulations	§ 9795. (d) The services described by Procedure Codes ML201 through ML206 may be modified under the circumstances described in this subdivision. The modifiers shall not be applicable to per page charges for record review in any of the Procedure Codes ML-201 through ML-203.

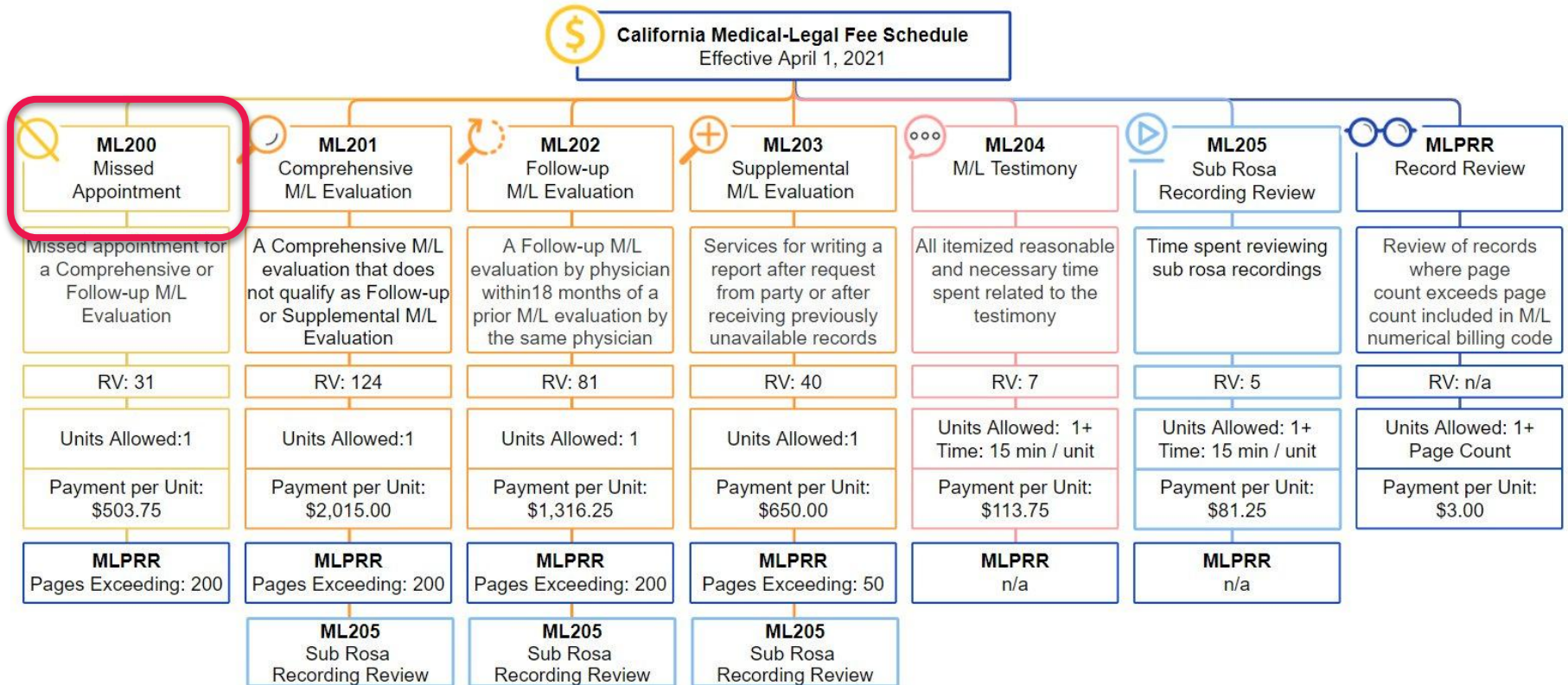


ML200: Missed Appointment

 **California Medical-Legal Fee Schedule**
Effective April 1, 2021

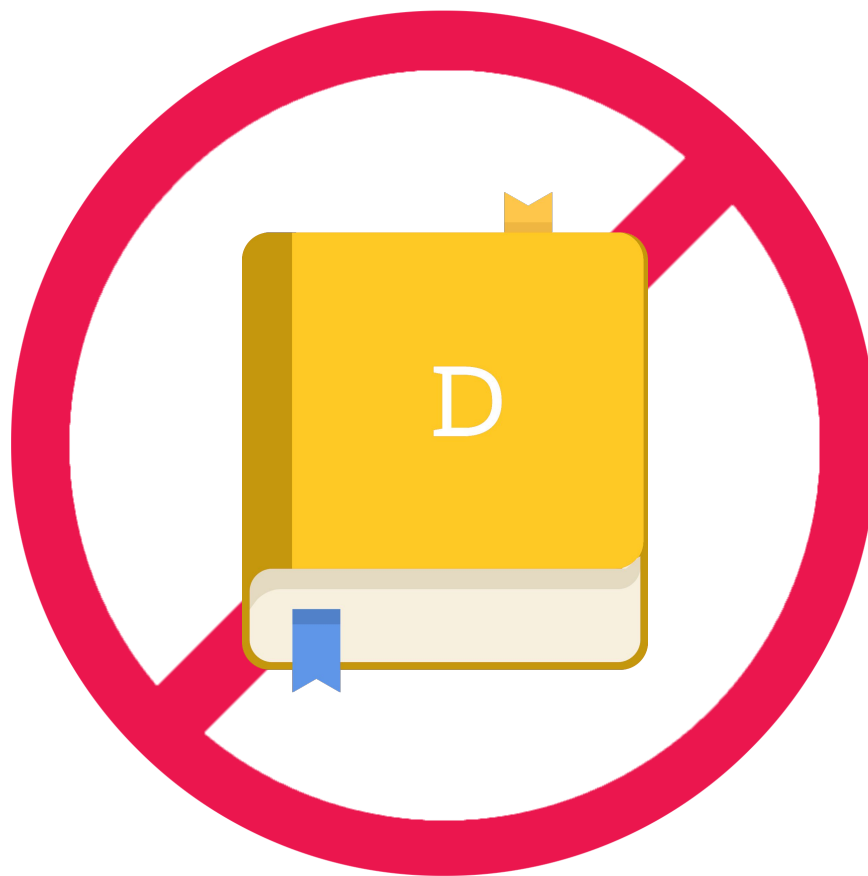


ML200: Missed Appointment











§ 9793. Definitions.

(?) **“Missed Appointment”**



ML200: Missed Appointment

 California Medical-Legal Fee Schedule Effective April 1, 2021						
 ML200 Missed Appointment	 ML201 Comprehensive M/L Evaluation	 ML202 Follow-up M/L Evaluation	 ML203 Supplemental M/L Evaluation	 ML204 M/L Testimony	 ML205 Sub Rosa Recording Review	 MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

ML200: Missed Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
Description	<p>Includes instances where the injured worker does not show up for the evaluation, the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, the injured worker leaves the evaluation before the completion of the evaluation, the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or in the case where the appointment has been canceled within six business days of the scheduled appointment date.</p> <p>If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.</p>
Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



ML200: Missed Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
Description	<p>1. Includes instances where the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, 3. the injured worker leaves the evaluation before the completion of the evaluation, 4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or 5. in the case where the appointment has been canceled within six business days of the scheduled appointment date.</p> <p>If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.</p>
Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



ML200: Missed Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
Description	<p>1. Includes instances where the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, 3. the injured worker leaves the evaluation before the completion of the evaluation, 4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or 5. in the case where the appointment has been canceled within six business days of the scheduled appointment date.</p> <p>If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.</p>
Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



ML200: Missed Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
Description	<p>1. Includes instances where the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, 3. the injured worker leaves the evaluation before the completion of the evaluation, 4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or 5. in the case where the appointment has been canceled within six business days of the scheduled appointment date.</p> <p>If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.</p>
Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



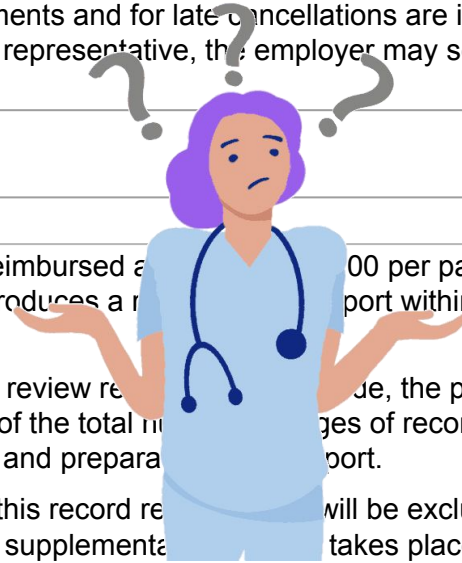
ML200: Missed Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
Description	<p>1. Includes instances where the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, 3. the injured worker leaves the evaluation before the completion of the evaluation, 4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or 5. in the case where the appointment has been canceled within six business days of the scheduled appointment date.</p> <p>If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.</p>
Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



ML200: Missed Appointment - Late QME Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
Description	<p>1. Includes instances where the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, 3. the injured worker leaves the evaluation before the completion of the evaluation, 4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or 5. in the case where the appointment has been canceled within six business days of the scheduled appointment date.</p> <p>If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.</p>
Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed a fee of \$100 per page for any records reviewed in excess of 200 pages, if the physician produces a report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review reimbursement, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



ML200: Missed Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
Description	<p>1. Includes instances where the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, 3. the injured worker leaves the evaluation before the completion of the evaluation, 4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or 5. in the case where the appointment has been canceled within six business days of the scheduled appointment date.</p> <p>If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.</p>
Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



Physician Services 04/12/2021

Calculation

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Edit

DOS	Place of Service Type	Provider Type	Place of Service County
04/12/2021	Non-Facility	Physician	Alameda And Contra Costa - 7

#	Procedure Code	Units	Expected	Payment Amount	Balance Due	Expected %
1	ML200	1.0	\$503.75	\$0.00	\$503.75	0%
Totals			\$503.75	\$0.00	\$503.75	0%

Detailed Explanation

#1 - ML200

Calculation Details

Fee Schedule

Medical-Legal

Procedure

Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation

Description

Includes instances where

1. the injured worker does not show up for the evaluation,
2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam,
3. the injured worker leaves the evaluation before the completion of the evaluation,
4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or
5. in the case where the appointment has been canceled within six business days of the scheduled appointment date.

Billing Ground Rules

No ground rules for this procedure.

NCCI Edits

No NCCI edits for this procedure.

Physician Services 04/12/2021

Calculation

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Edit

DOS	Place of Service Type	Provider Type	Place of Service County
04/12/2021	Non-Facility	Physician	Alameda And Contra Costa - 7

#	Procedure Code	Units	Expected	Payment Amount	Balance Due	Expected %
1	ML200	1.0	\$503.75	\$0.00	\$503.75	0%
		Totals	\$503.75	\$0.00		0%

Detailed Explanation

#1 - ML200

Calculation Details

Fee Schedule

Medical-Legal

Procedure

Missed appointment for a Comprehensive
Follow-Up Medical-Legal Evaluation

Description

Includes instances where

1. the injured worker does not show up for the evaluation,
2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam,
3. the injured worker leaves the evaluation before the completion of the evaluation,
4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or
5. in the case where the appointment has been canceled within six business days of the scheduled appointment date.



CA: Medical-Legal Fee Schedule

California Medical-Legal Fee Schedule
Effective April 1, 2021

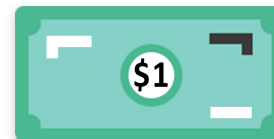
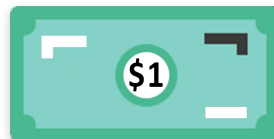
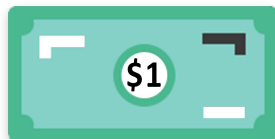
ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			



Page Count: 200+

ML200: Missed Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
Description	<p>1. Includes instances where the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, 3. the injured worker leaves the evaluation before the completion of the evaluation, 4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or 5. in the case where the appointment has been canceled within six business days of the scheduled appointment date.</p> <p>If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.</p>
Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



ML200: Missed Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
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Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



ML200: Missed Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
Description	<ol style="list-style-type: none"> 1. Includes instances where the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, 3. the injured worker leaves the evaluation before the completion of the evaluation, 4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or 5. in the case where the appointment has been canceled within six business days of the scheduled appointment date. <p>If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.</p>
Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



ML200: Missed Appointment

ML Code	ML200
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation
Description	<ol style="list-style-type: none"> 1. Includes instances where the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, 3. the injured worker leaves the evaluation before the completion of the evaluation, 4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or 5. in the case where the appointment has been canceled within six business days of the scheduled appointment date. <p>If fees for failed appointments and for late cancellations are incurred through the fault or neglect of the injured worker or his/her representative, the employer may seek to credit those charges against the injured worker's award.</p>
Relative Value (RV) \$16.25	31
Payment per Unit	\$503.75
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p>



Detailed Explanation

#1 - ML200

Calculation Details		Billing Ground Rules	
Fee Schedule	Medical-Legal	No ground rules for this procedure.	
Procedure	Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation	NCCI Edits	
Description	<p>Includes instances where</p> <ol style="list-style-type: none"> 1. the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the evaluation which makes it impossible to go forward with the exam, 3. the injured worker leaves the evaluation before the completion of the evaluation, 4. the injured worker is more than 30 minutes late for the appointment and the QME is unable to continue with the scheduled QME appointment, or 5. in the case where the appointment has been canceled within six business days of the scheduled appointment date. 	No NCCI edits for this procedure.	
Record Review - MLPRR	<p>The physician shall be reimbursed at the rate of \$3.00 per page for any records reviewed in excess of 200 pages, if the physician produces a record review report within 30 days of the date of the missed appointment.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p> <p>Any pages reviewed for this record review report will be excluded from the page count for reimbursement when the face-to-face or supplemental evaluation takes place.</p> <p>§9793(n)</p>		
Effective Dates of Service	04/01/2021 - Current		
Calculation Explanation	31 (RV) * \$16.25 (CF) * 1 (Units) * 1 (Modifier)		

DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 Billable units: 1 maximum

Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology, or oncology evaluation is the primary focus.

Add-on Codes

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) Billable units: Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units.
- §4062.3 Declaration and page count attestation received. Attestation page count: _____
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. Billable units: 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

Correspondence

Correspondence - For submission with bill, upload any correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- §4062.3 Declaration signed with page count attestation uploaded to Injury Documents

DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 Billable units: 1 maximum

Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following a comprehensive medical-legal evaluation which was available in the physician's office for review or was included in the medical report; (2) following a comprehensive medical-legal report or a follow-up medical-legal report, or (3) a supplemental report requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology

Add-on Codes

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) Billable units: Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units
- §4062.3 Declaration and page count attestation received. Attestation page count: _____
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. Billable units: 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

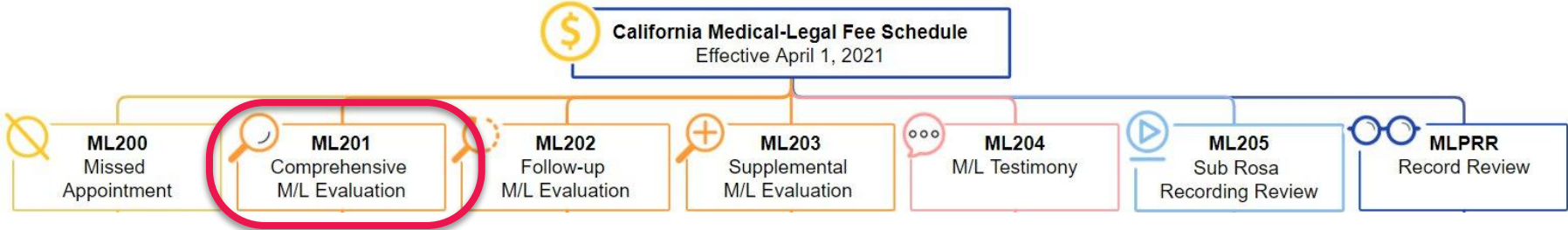
Correspondence

Correspondence - For submission with bill, upload any correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- §4062.3 Declaration signed with page count attestation uploaded to Injury Documents



ML201: Comprehensive Medical-Legal Evaluation



ML201: Comprehensive Medical-Legal Evaluation



§ 9793. Definitions.

(c) “**Comprehensive medical-legal evaluation**” means an evaluation, which includes an examination of an employee, and which (A) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section ~~10606~~ 10682 and (B) is either:

- (1) performed by a Qualified Medical Evaluator pursuant to subdivision (h) of Section 139.2 of the Labor Code, or
- (2) performed by a Qualified Medical Evaluator, Agreed Medical Evaluator, or the primary treating physician for the purpose of proving or disproving a contested claim, and which meets the requirements of paragraphs (1) through (5), inclusive, of subdivision (h).



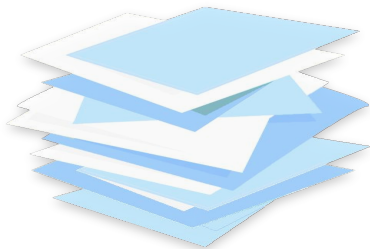
ML201: Comprehensive Medical-Legal Evaluation

 California Medical-Legal Fee Schedule Effective April 1, 2021						
 ML200 Missed Appointment	 ML201 Comprehensive M/L Evaluation	 ML202 Follow-up M/L Evaluation	 ML203 Supplemental M/L Evaluation	 ML204 M/L Testimony	 ML205 Sub Rosa Recording Review	 MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

ML201: Comprehensive Medical-Legal Evaluation

 California Medical-Legal Fee Schedule Effective April 1, 2021						
 ML200 Missed Appointment	 ML201 Comprehensive M/L Evaluation	 ML202 Follow-up M/L Evaluation	 ML203 Supplemental M/L Evaluation	 ML204 M/L Testimony	 ML205 Sub Rosa Recording Review	 MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

200 Pages Included



ML201: Comprehensive Medical-Legal Evaluation

ML Code	ML201
Procedure	Comprehensive Medical-Legal Evaluation
Description	All comprehensive medical-legal evaluations that do not qualify as follow-up or supplemental medical-legal evaluations
Relative Value (RV) \$16.25	124
Units	1
Payment per Unit	\$2,015
Record Review - MLPRR	<p>The fee includes review of 200 pages of records. Review of records in excess of 200 pages shall be reimbursed at the rate of \$3.00 per page.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p>

Page Count: 200+



ML201: Comprehensive Medical-Legal Evaluation

ML Code	ML201
Procedure	Comprehensive Medical-Legal Evaluation
Description	All comprehensive medical-legal evaluations that do not qualify as follow-up or supplemental medical-legal evaluations
Relative Value (RV) \$16.25	124
Units	1
Payment per Unit	\$2,015
Record Review - MLPRR	<p>The fee includes review of 200 pages of records. Review of records in excess of 200 pages shall be reimbursed at the rate of \$3.00 per page.</p> <p>When billing for a record review report under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p>



ML202: Follow-up Medical-Legal Evaluation

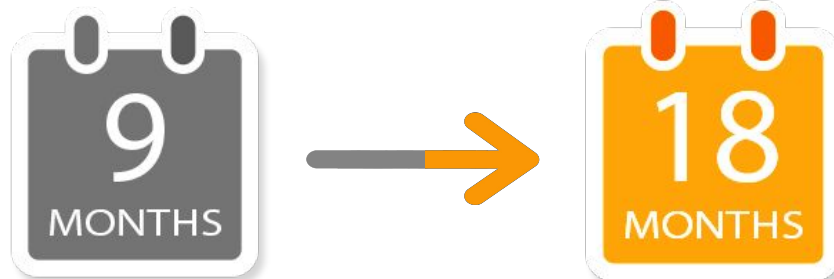


ML202: Follow-up Medical-Legal Evaluation









 California Medical-Legal Fee Schedule Effective April 1, 2021						
 ML200 Missed Appointment	 ML201 Comprehensive M/L Evaluation	 ML202 Follow-up M/L Evaluation	 ML203 Supplemental M/L Evaluation	 ML204 M/L Testimony	 ML205 Sub Rosa Recording Review	 MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

§ 9793. Definitions.

(g) “**Follow-up medical-legal evaluation**” means an evaluation which includes an examination of an employee which (A) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section ~~10606~~ 10682, (B) is performed by a qualified medical evaluator, agreed medical evaluator, or primary treating physician **within ~~nine~~ eighteen (18) months** following the evaluator's examination of the employee in a comprehensive medical-legal evaluation and (C) involves an evaluation of the same injury or injuries evaluated in the comprehensive medical-legal evaluation.



ML202: Follow-up Medical-Legal Evaluation

 California Medical-Legal Fee Schedule Effective April 1, 2021						
 ML200 Missed Appointment	 ML201 Comprehensive M/L Evaluation	 ML202 Follow-up M/L Evaluation	 ML203 Supplemental M/L Evaluation	 ML204 M/L Testimony	 ML205 Sub Rosa Recording Review	 MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

ML202: Follow-up Medical-Legal Evaluation

 California Medical-Legal Fee Schedule Effective April 1, 2021						
 ML200 Missed Appointment	 ML201 Comprehensive M/L Evaluation	 ML202 Follow-up M/L Evaluation	 ML203 Supplemental M/L Evaluation	 ML204 M/L Testimony	 ML205 Sub Rosa Recording Review	 MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

Page Count: 200+



ML202: Follow-up Medical-Legal Evaluation

ML Code	ML202
Procedure	Follow-up Medical-Legal Evaluation
Description	Limited to a follow-up medical-legal evaluation by a physician which occurs within eighteen months of the date on which a prior comprehensive medical-legal evaluation was performed by the same physician.
Relative Value (RV) \$16.25	81
Units	1
Payment per Unit	\$1,316.25
Record Review - MLPRR	<p>Review of records in excess of 200 pages shall be reimbursed at the rate of \$3.00 per page for records that were not reviewed as part of:</p> <ol style="list-style-type: none">1. the initial comprehensive medical-legal evaluation or2. any intervening supplemental medical-legal evaluations <p>When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p>



ML202: Follow-up Medical-Legal Evaluation

ML Code	ML202
Procedure	Follow-up Medical-Legal Evaluation
Description	Limited to a follow-up medical-legal evaluation by a physician which occurs within eighteen months of the date on which a prior comprehensive medical-legal evaluation was performed by the same physician.
Relative Value (RV) \$16.25	81
Units	1
Payment per Unit	\$1,316.25
Record Review - MLPRR	<p>Review of records in excess of 200 pages shall be reimbursed at the rate of \$3.00 per page for records that were not reviewed as part of:</p> <ol style="list-style-type: none">1. the initial comprehensive medical-legal evaluation or2. any intervening supplemental medical-legal evaluations <p>When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p>



ML202: Follow-up Medical-Legal Evaluation

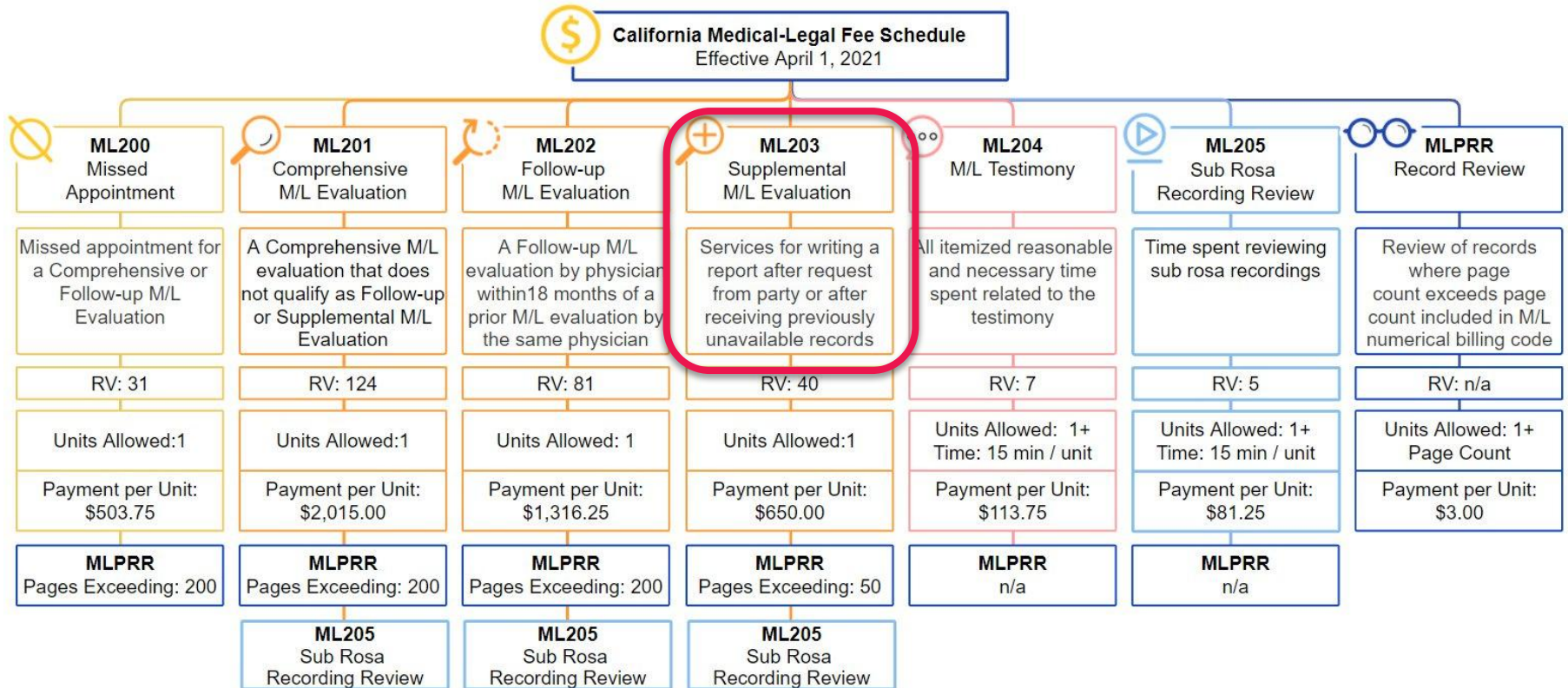
ML Code	ML202
Procedure	Follow-up Medical-Legal Evaluation
Description	Limited to a follow-up medical-legal evaluation by a physician which occurs within eighteen months of the date on which a prior comprehensive medical-legal evaluation was performed by the same physician.
Relative Value (RV) \$16.25	81
Units	1
Payment per Unit	\$1,316.25
Record Review - MLPRR	<p>Review of records in excess of 200 pages shall be reimbursed at the rate of \$3.00 per page for records that were not reviewed as part of:</p> <ol style="list-style-type: none">1. the initial comprehensive medical-legal evaluation or2. any intervening supplemental medical-legal evaluations <p>When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the medical-legal evaluation and preparation of the report.</p>



ML203: Supplemental Medical-Legal Evaluation



ML203: Supplemental Medical-Legal Evaluation



§ 9793. Definitions.

(m) “**Supplemental medical-legal evaluation**” means an evaluation which (A) does not involve an examination of the patient, (B) is based on the physician's review of records, test results or other medically relevant information which was not available to the physician at the time of the initial examination, or a request for factual correction pursuant to Labor Code section 4061(d), (C) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section ~~10606~~ 10682 and (D) is performed by a qualified medical evaluator, agreed medical evaluator, or primary treating physician following the evaluator's completion of a comprehensive medical-legal evaluation.



ML203: Supplemental Medical-Legal Evaluation

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

ML203: Supplemental Medical-Legal Evaluation

ML Code	ML203
Procedure	Supplemental Medical-Legal Evaluation
Description	<p>The fee includes services for writing a report after receiving a request for a supplemental report from a party to the action or receiving records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation</p> <p>Fees will not be allowed under this section for supplemental reports:</p> <p>(1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or</p> <p>(2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.</p> <p>Failure to issue a supplemental report upon request because of an inability to bill for the report under this code would constitute grounds for discipline by the Administrative Director or his or her designee.</p>
Relative Value (RV) \$16.25	40
Units	1
Payment per Unit	\$650
Record Review - MLPRR	<p>The fee includes review of 50 pages of records.</p> <p>Review of records in excess of 50 pages that were received as part of the request for the supplemental report shall be reimbursed at the rate of \$3.00 per page.</p> <p>When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal evaluation and preparation of the report.</p>

ML203: Supplemental Medical-Legal Evaluation

ML Code	ML203
Procedure	Supplemental Medical-Legal Evaluation
Description	<p>The fee includes services for writing a report after receiving a request for a supplemental report from a party to the action or receiving records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation</p> <p>Fees will not be allowed under this section for supplemental reports:</p> <p>(1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or</p> <p>(2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.</p> <p>Failure to issue a supplemental report upon request because of an inability to bill for the report under this code would constitute grounds for discipline by the Administrative Director or his or her designee.</p>
Relative Value (RV) \$16.25	40
Units	1
Payment per Unit	\$650
Record Review - MLPRR	<p>The fee includes review of 50 pages of records.</p> <p>Review of records in excess of 50 pages that were received as part of the request for the supplemental report shall be reimbursed at the rate of \$3.00 per page.</p> <p>When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal evaluation and preparation of the report.</p>

ML203: Supplemental Medical-Legal Evaluation

ML Code	ML203
Procedure	Supplemental Medical-Legal Evaluation
Description	<p>The fee includes services for writing a report after receiving a request for a supplemental report from a party to the action or receiving records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation</p> <p>Fees will not be allowed under this section for supplemental reports:</p> <p>(1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or</p> <p>(2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.</p> <p>Failure to issue a supplemental report upon request because of an inability to bill for the report under this code would constitute grounds for discipline by the Administrative Director or his or her designee.</p>
Relative Value (RV) \$16.25	40
Units	1
Payment per Unit	\$650
Record Review - MLPRR	<p>The fee includes review of 50 pages of records.</p> <p>Review of records in excess of 50 pages that were received as part of the request for the supplemental report shall be reimbursed at the rate of \$3.00 per page.</p> <p>When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal evaluation and preparation of the report.</p>









ML203: Supplemental Medical-Legal Evaluation

<i>CODE</i>	<i>B.R.√</i>	<i>PROCEDURE DESCRIPTION</i>
ML106	5	Fees for supplemental medical-legal evaluations. The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician. Fees will not be allowed under this section for supplemental reports following the physician's review of (A) information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing the initial report or (B) the results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation.

Medical-Legal Fee Schedule
Proposed Effective Date: April 1, 2021
8 C.C.R. §§ 9793, 9794, and 9795



ML203: Supplemental Medical-Legal Evaluation

 California Medical-Legal Fee Schedule Effective April 1, 2021						
 ML200 Missed Appointment	 ML201 Comprehensive M/L Evaluation	 ML202 Follow-up M/L Evaluation	 ML203 Supplemental M/L Evaluation	 ML204 M/L Testimony	 ML205 Sub Rosa Recording Review	 MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

Page Count: 50+



ML203: Supplemental Medical-Legal Evaluation

ML Code	ML203
Procedure	Supplemental Medical-Legal Evaluation
Description	<p>The fee includes services for writing a report after receiving a request for a supplemental report from a party to the action or receiving records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation</p> <p>Fees will not be allowed under this section for supplemental reports:</p> <p>(1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or</p> <p>(2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.</p> <p>Failure to issue a supplemental report upon request because of an inability to bill for the report under this code would constitute grounds for discipline by the Administrative Director or his or her designee.</p>
Relative Value (RV) \$16.25	40
Units	1
Payment per Unit	\$650
Record Review - MLPRR	<p>The fee includes review of 50 pages of records.</p> <p>Review of records in excess of 50 pages that were received as part of the request for the supplemental report shall be reimbursed at the rate of \$3.00 per page.</p> <p>When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal evaluation and preparation of the report.</p>



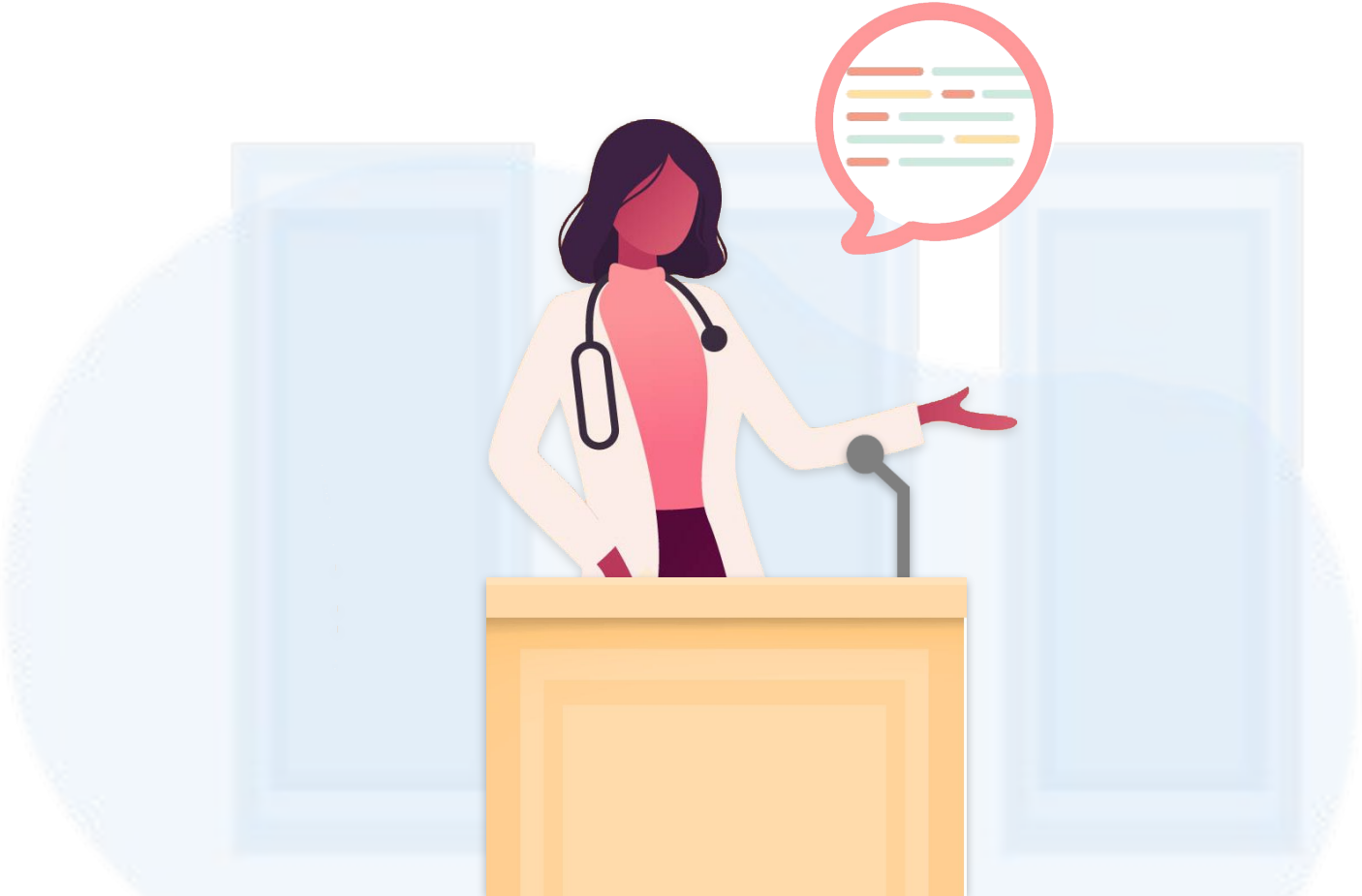
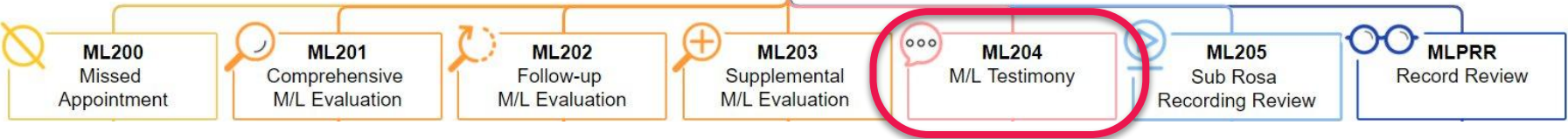
ML203: Supplemental Medical-Legal Evaluation

ML Code	ML203
Procedure	Supplemental Medical-Legal Evaluation
Description	<p>The fee includes services for writing a report after receiving a request for a supplemental report from a party to the action or receiving records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation</p> <p>Fees will not be allowed under this section for supplemental reports:</p> <p>(1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or</p> <p>(2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.</p> <p>Failure to issue a supplemental report upon request because of an inability to bill for the report under this code would constitute grounds for discipline by the Administrative Director or his or her designee.</p>
Relative Value (RV) \$16.25	40
Units	1
Payment per Unit	\$650
Record Review - MLPRR	<p>The fee includes review of 50 pages of records.</p> <p>Review of records in excess of 50 pages that were received as part of the request for the supplemental report shall be reimbursed at the rate of \$3.00 per page.</p> <p>When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal evaluation and preparation of the report.</p>



ML204: Medical-Legal Testimony

California Medical-Legal Fee Schedule
Effective April 1, 2021



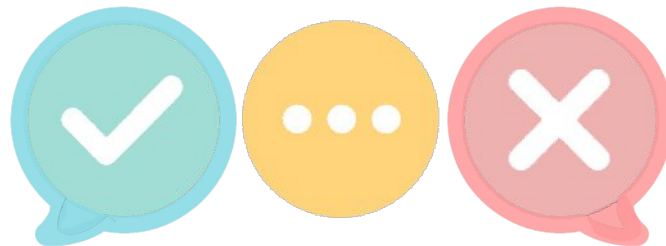
ML204: Medical-Legal Testimony

California Medical-Legal Fee Schedule Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

§ 9793. Definitions.

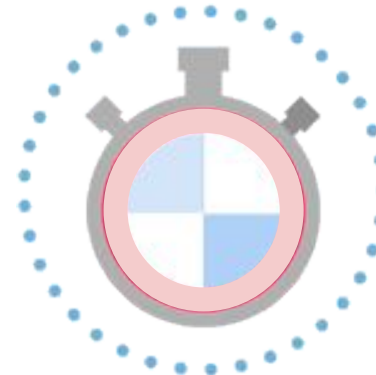
(i) “**Medical-legal testimony**” means expert testimony provided by a physician at a deposition or workers' compensation appeals board hearing, regarding the medical opinion submitted by the physician.



ML204: Medical-Legal Testimony

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			



ML204: Medical-Legal Testimony

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

ML204: Medical-Legal Testimony

ML Code	ML204
Procedure	Medical-Legal Testimony
Description	<p>The physician shall be entitled to fees for all itemized reasonable and necessary time spent related to the testimony, including</p> <ol style="list-style-type: none">1. reasonable preparation and2. travel time <p>The physician shall be reimbursed at the rate of \$455/hour, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician.</p> <p>The physician shall be paid a minimum of two hours for a deposition.</p> <p>If a deposition is canceled fewer than eight (8) calendar days before the scheduled deposition date, the physician shall be paid a MINIMUM of one hour for the scheduled deposition.</p>
Relative Value (RV) \$16.25	7
Units	1+
Payment per Unit	\$113.75
Record Review - MLPRR	Not applicable.



ML204: Medical-Legal Testimony

ML Code	ML204
Procedure	Medical-Legal Testimony
Description	<p>The physician shall be entitled to fees for all itemized reasonable and necessary time spent related to the testimony, including</p> <ol style="list-style-type: none">1. reasonable preparation and2. travel time <p>The physician shall be reimbursed at the rate of \$455/hour, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician.</p> <p>The physician shall be paid a minimum of two hours for a deposition.</p> <p>If a deposition is canceled fewer than eight (8) calendar days before the scheduled deposition date, the physician shall be paid a MINIMUM of one hour for the scheduled deposition.</p>
Relative Value (RV) \$16.25	7
Units	1+
Payment per Unit	\$113.75
Record Review - MLPRR	Not applicable.



ML204: Medical-Legal Testimony

ML Code	ML204
Procedure	Medical-Legal Testimony
Description	<p>The physician shall be entitled to fees for all itemized reasonable and necessary time spent related to the testimony, including</p> <ol style="list-style-type: none"> 1. reasonable preparation and 2. travel time <p>The physician shall be reimbursed at the rate of \$455/hour, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician.</p> <p>The physician shall be paid a minimum of two hours for a deposition.</p> <p>If a deposition is canceled fewer than eight (8) calendar days before the scheduled deposition date, the physician shall be paid a MINIMUM of one hour for the scheduled deposition.</p>
Relative Value (RV) \$16.25	7
Units	1+
Payment per Unit	\$113.75
Record Review - MLPRR	Not applicable.



ML204: Medical-Legal Testimony

ML Code	ML204
Procedure	Medical-Legal Testimony
Description	<p>The physician shall be entitled to fees for all itemized reasonable and necessary time spent related to the testimony, including</p> <ol style="list-style-type: none">1. reasonable preparation and2. travel time <p>The physician shall be reimbursed at the rate of \$455/hour, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician.</p> <p>The physician shall be paid a minimum of two hours for a deposition.</p> <p>If a deposition is canceled fewer than eight (8) calendar days before the scheduled deposition date, the physician shall be paid a MINIMUM of one hour for the scheduled deposition.</p>
Relative Value (RV) \$16.25	7
Units	1+
Payment per Unit	\$113.75
Record Review - MLPRR	Not applicable.

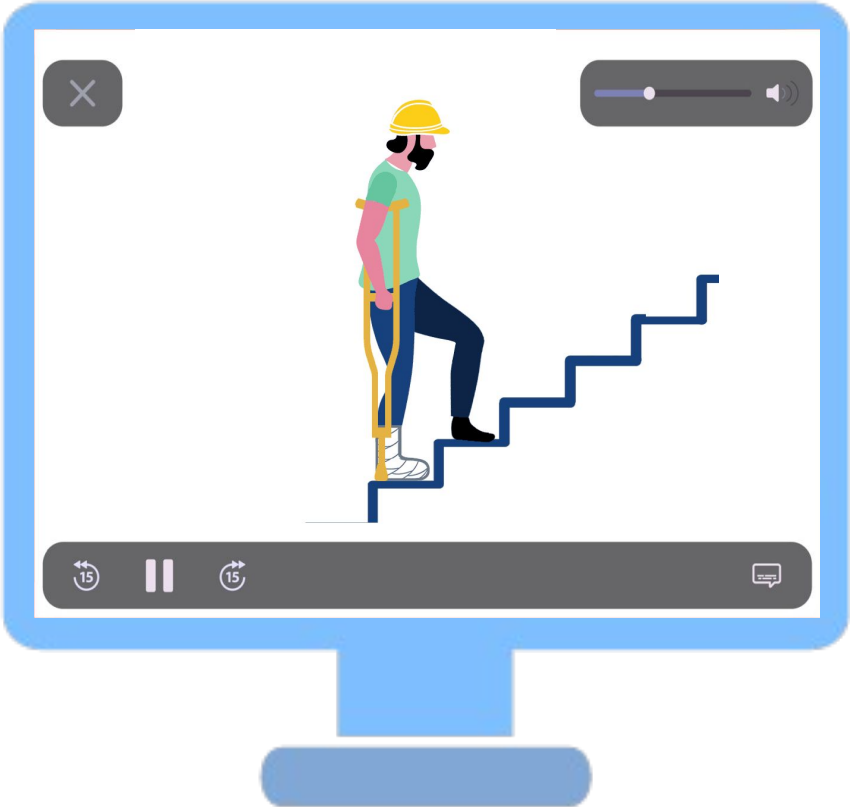


ML204: Medical-Legal Testimony

California Medical-Legal Fee Schedule
Effective April 1, 2021

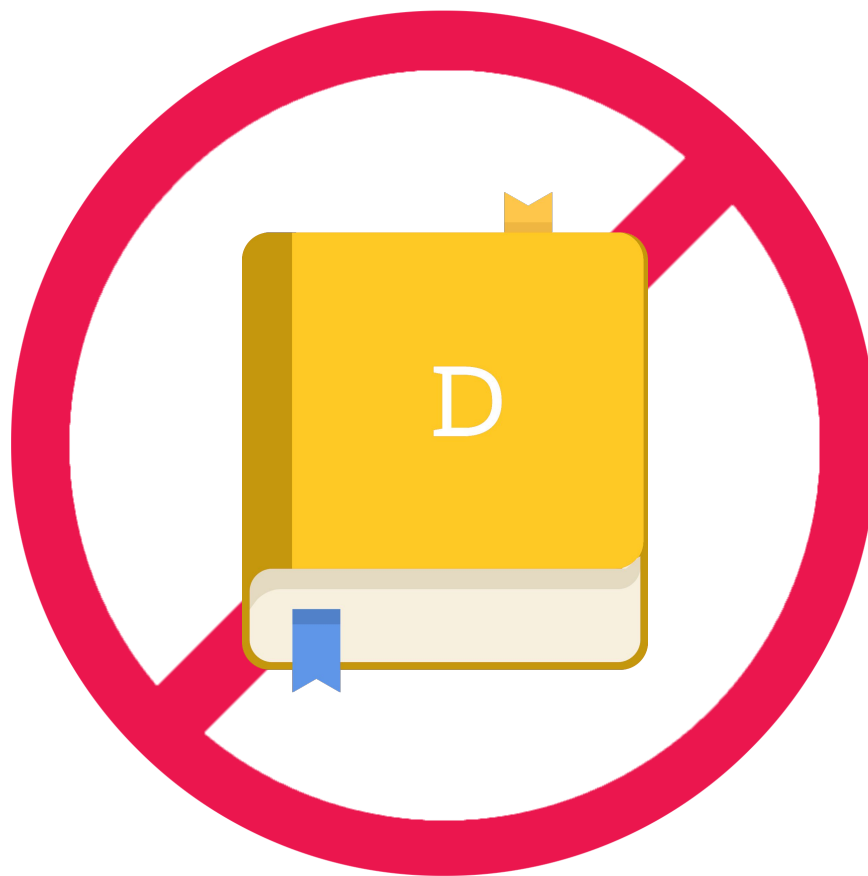
ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

ML205: Sub Rosa Recording Review



§ 9793. Definitions.

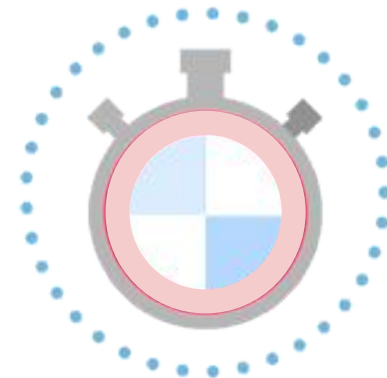
(?) **“Sub Rosa Recordings”**



ML205: Sub Rosa Recording Review

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			










ML205: Sub Rosa Recording Review

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

ML205: Sub Rosa Recording Review

 **California Medical-Legal Fee Schedule**
Effective April 1, 2021

 ML200 Missed Appointment	 ML201 Comprehensive M/L Evaluation	 ML202 Follow-up M/L Evaluation	 ML203 Supplemental M/L Evaluation	 ML204 M/L Testimony	 ML205 Sub Rosa Recording Review	 MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

ML205: Sub Rosa Recording Review

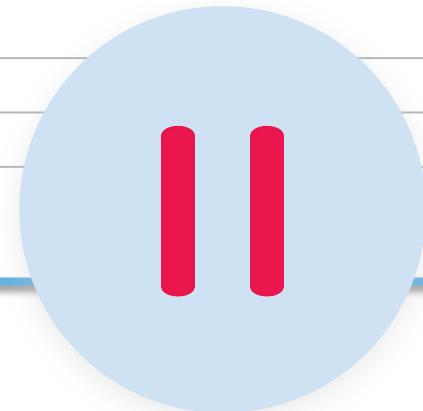
California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			



ML205: Sub Rosa Recording Review

ML Code	ML205
Procedure	ML205: Sub Rosa Recording Review
Description	<p>The physician shall be reimbursed for time spent reviewing sub rosa recordings.</p> <p>The physician shall be reimbursed at the rate of \$325/hour, or his or her usual and customary hourly fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician for time spent reviewing sub rosa recordings.</p> <p>If the sub rosa recordings are received by a physician prior to the issuance of a pending report related to a medical-legal evaluation, the physician may not also bill a supplemental report fee in connection with the review of the sub rosa material.</p> <p>The physician shall include in his or her report verification under penalty of perjury of time spent reviewing sub rosa recordings.</p>
Relative Value (RV) \$16.25	7
Units	1+
Payment per Unit	\$113.75
Record Review - MLPRR	Not applicable.



ML205: Sub Rosa Recording Review

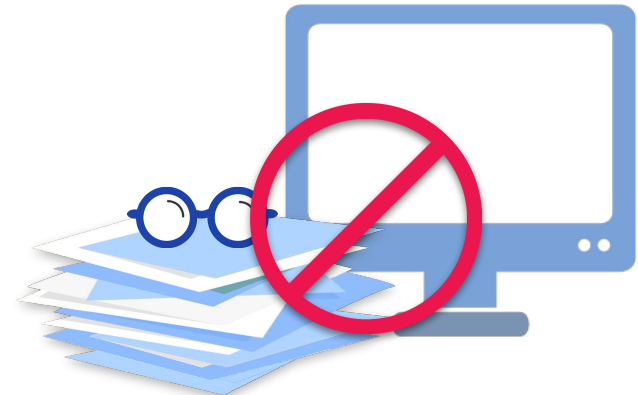
California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

ML205: Sub Rosa Recording Review

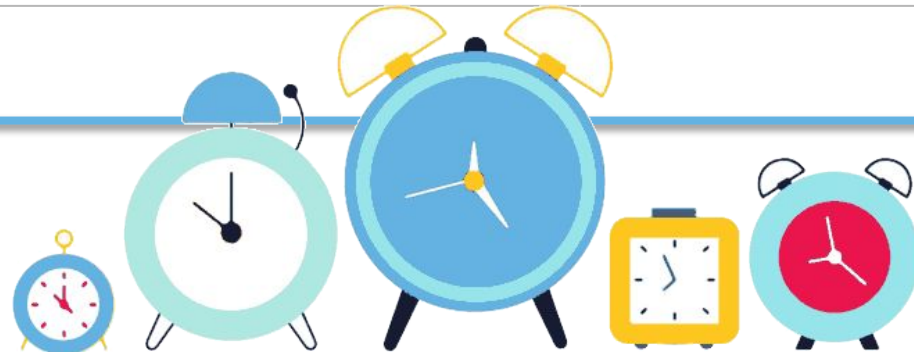
California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			



ML205: Sub Rosa Recording Review

ML Code	ML205
Procedure	ML205: Sub Rosa Recording Review
Description	<p>The physician shall be reimbursed for time spent reviewing sub rosa recordings.</p> <p>The physician shall be reimbursed at the rate of \$325/hour, or his or her usual and customary hourly fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician for time spent reviewing sub rosa recordings.</p> <p>If the sub rosa recordings are received by a physician prior to the issuance of a pending report related to a medical-legal evaluation, the physician may not also bill a supplemental report fee in connection with the review of the sub rosa material.</p> <p>The physician shall include in his or her report verification under penalty of perjury of time spent reviewing sub rosa recordings.</p>
Relative Value (RV) \$16.25	7
Units	1+
Payment per Unit	\$113.75
Record Review - MLPRR	Not applicable.



COA 2021: Medical-Legal Topics



1. New MLFS billing codes



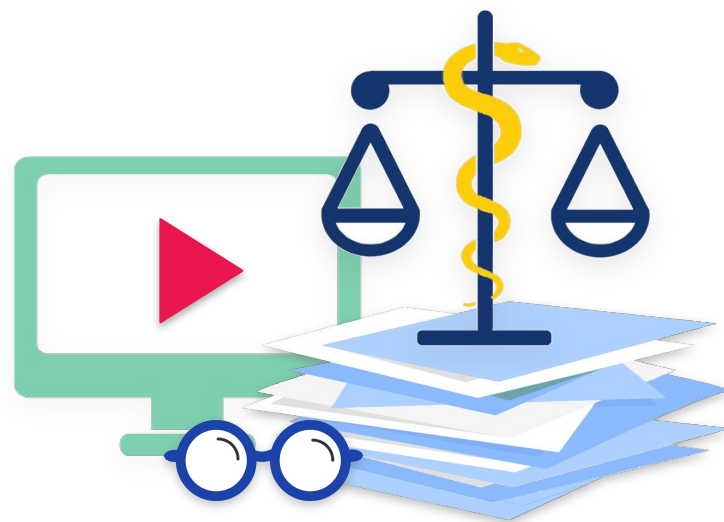
2. Updated MLFS billing instructions



3. MLFS Modifiers: Calculating reimbursements

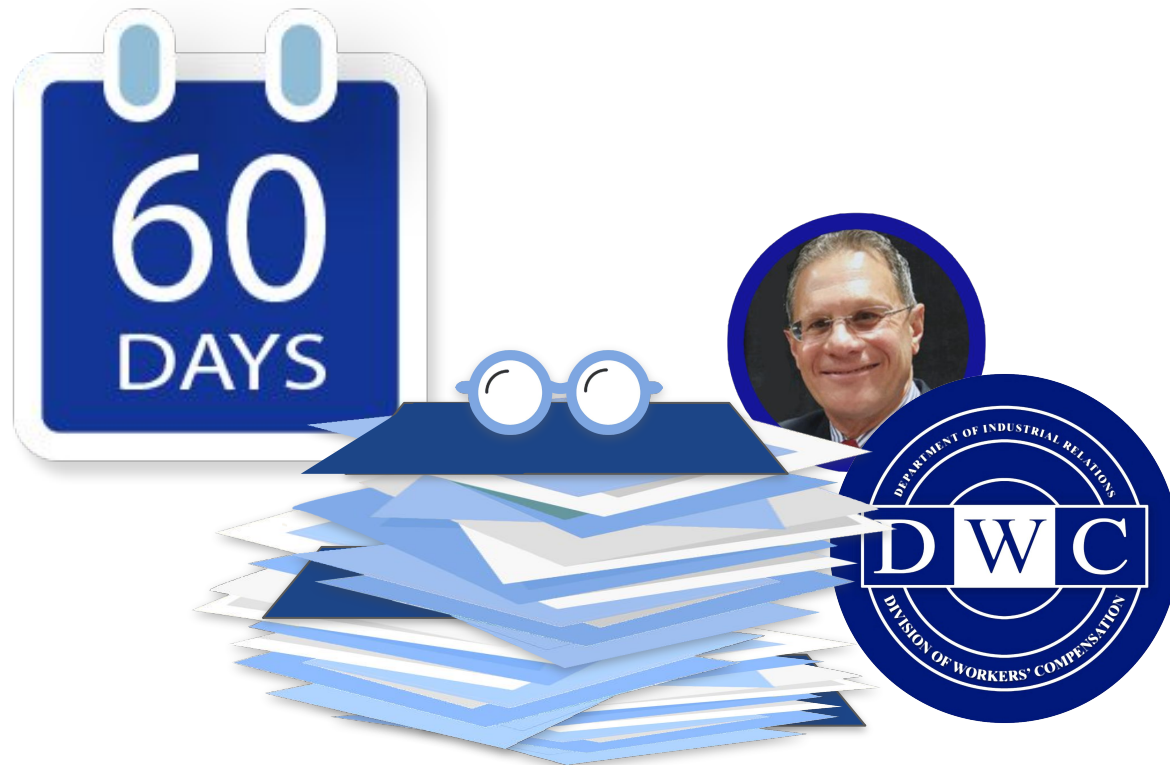


4. FREE MLFS Resources



§ 9794. Reimbursement of Medical-Legal Expenses

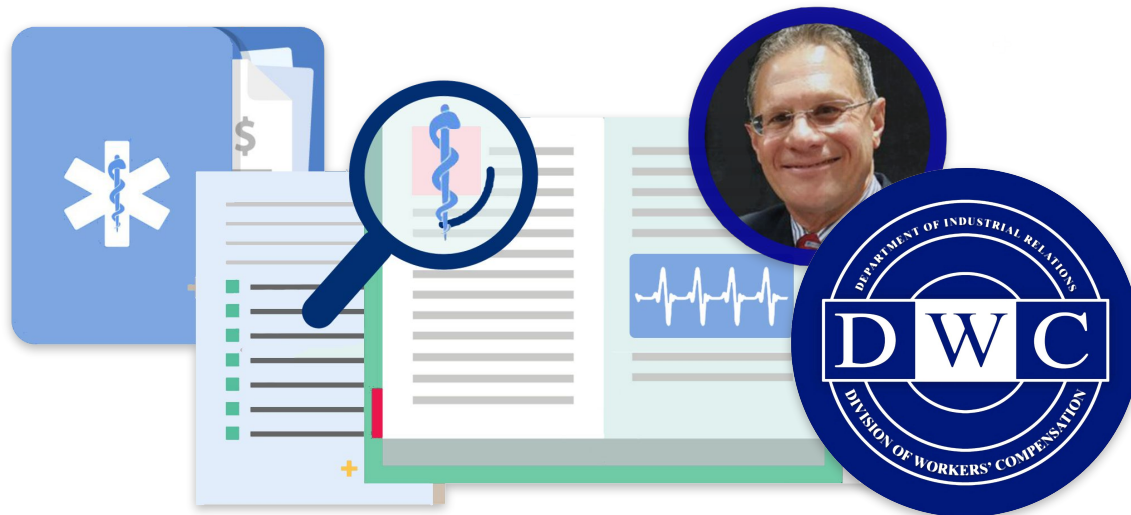
(b) All medical-legal expenses shall be paid within 60 days after receipt by the employer of **the reports and documents required by the administrative director** unless the claims administrator, within this period, contests its liability for such payment.



§ 9794. Reimbursement of Medical-Legal Expenses

(b) All medical-legal expenses shall be paid within 60 days after receipt by the employer of the reports and documents required by the administrative director unless the claims administrator, within this period, contests its liability for such payment.

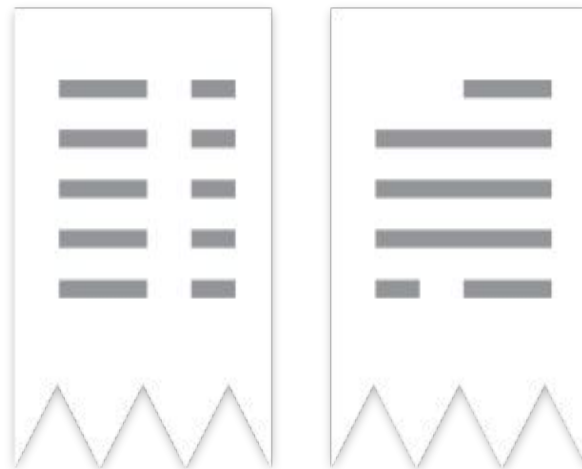
(l) **“Reports and documents required by the administrative director”** means an itemized billing, a copy of the medical-legal evaluation report, any correspondence received by the physician from the parties to the action, and any verification required under Section 9795(c).



§ 9794. Reimbursement of Medical-Legal Expenses

(b) All medical-legal expenses shall be paid within 60 days after receipt by the employer of the reports and documents required by the administrative director unless the claims administrator, within this period, contests its liability for such payment.

(l) **“Reports and documents required by the administrative director”** means **an itemized billing**, a copy of the medical-legal evaluation report, any correspondence received by the physician from the parties to the action, and any verification required under Section 9795(c).










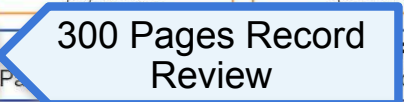
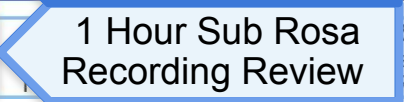
CMS 1500: Medical-Legal Itemized Billing

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 10 31 19 QUAL.			15. OTHER DATE QUAL. MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a. _____ 17b. NPI _____			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below A. R52 B. _____ C. _____ E. _____ F. _____ I. _____ J. _____						22. RESUBMISSION CODE ORIGINAL REF. NO. AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE			C. EMPLOYER			G. DAYS OR UNITS		H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #				
MM	DD	YY	MM	DD	YY	EM	MM	DD	YY	MM	DD	YY	MM	DD	YY		
04	01	21	04	01	21	11				1.0		ZZ	133V00000X				
04	01	21	04	01	21	11				50.0	50.0	NPI	1549462303				
												NPI					
												NPI					
												NPI					
												NPI					
												NPI					
25. FEDERAL TAX I.D. NUMBER 873728728			SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>			26. PATIENT'S ACCOUNT NO. 565db1009316-1			27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$ 653.75		29. AMOUNT PAID \$		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse ...)						32. SERVICE FACILITY LOCATION INFORMATION Flower Valley Industrial Care 4747 Donnelly Springs						33. BILLING PROVIDER INFO & PH # (888) 555-5000 Test 4836 Marquardt Harbor					

2020
102,000+
Medical-Legal
Bills Sent

PHYSICIAN OR SUPPLIER INFORMATION

Example Bill: ML201 (1)+ MLPRR (300) + ML205 (4)

 California Medical-Legal Fee Schedule Effective April 1, 2021						
 ML200 Missed Appointment	 ML201 Comprehensive M/L Evaluation	 1 Comprehensive Evaluation		 ML204 M/L Testimony	 ML205 Sub Rosa Recording Review	 MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	 300 Pages Record Review		MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	 1 Hour Sub Rosa Recording Review				



Example Bill: ML201 - 1 Unit \$2,015.00 Due

b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. OTHER CLAIM ID (Designated by NUCC) Y4 WC999-999999	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE _____ DATE 04/12/2021				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 10 31 19		15. OTHER DATE MM DD YY QUAL		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. _____ 17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO		22. RESUBMISSION CODE ORIGINAL REF. NO.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. R52 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____				23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	
				E. DIAGNOSIS POINTER	F. \$ CHARGES
					G. DAYS OR UNITS
					H. EPSTD Family Plan
					I. ID. QUAL
					J. RENDERING PROVIDER ID. #
1 04 02 21 04 02 21 11		ML201		A	2015.00 1.0
2 04 02 21 04 02 21 11		MLPRR		A	300.00 100.0
3 04 02 21 04 02 21 11		ML205		A	325.00 4.0
4					NPI
5					NPI
6					NPI
25. FEDERAL TAX I.D. NUMBER 873728278		SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 565db1009322-1		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO
28. TOTAL CHARGE \$ 2640.00		29. AMOUNT PAID \$	30. Rsvd for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) IRIS MARIGOLD MD Signature on File 04/12/2021 SIGNED _____ DATE _____		32. SERVICE FACILITY LOCATION INFORMATION Flower Valley Industrial Care 4747 Donnelly Springs West Isabelle CA 94806-1948 a. 9317121470 b. _____		33. BILLING PROVIDER INFO & PH # (888) 555-5000 Test 4836 Marquardt Harbor Sporerside CA 94806-1948 a. 3983961222 b. _____	

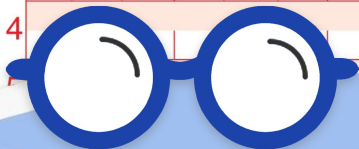


ML201: Comprehensive Medical-Legal Evaluation

 California Medical-Legal Fee Schedule Effective April 1, 2021						
 ML200 Missed Appointment	 ML201 Comprehensive M/L Evaluation	 ML202 Follow-up M/L Evaluation	 ML203 Supplemental M/L Evaluation	 ML204 M/L Testimony	 ML205 Sub Rosa Recording Review	 MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			

Example Bill: MLPRR - 100 Units \$300.00 Due

b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____		b. OTHER CLAIM ID (Designated by NUCC) Y4 WC999-999999	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>	
<p align="center">READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.</p> 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED _____ DATE 04/12/2021				SIGNED _____	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL		15. OTHER DATE MM DD YY QUAL		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. _____ 17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind: 0				22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. R52 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____				23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG	C. _____		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER
				E. DIAGNOSIS POINTER	F. \$ CHARGES
					G. DAYS OR UNITS
					H. EPSDT Family Plan
					I. ID. QUAL
					J. RENDERING PROVIDER ID. #
1 04 02 21 04 02 21 11			ML 201	A	2015.00 1.0
2 04 02 21 04 02 21 11			MLPRR	A	300.00 100.0
3 04 02 21 04 02 21 11			ML205	A	325.00 4.0
4					NPI




Page Count:
300 pages - 200 minimum = 100



Example Bill: ML205 - 4 Units \$325.00 Due

b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. OTHER CLAIM ID (Designated by NUCC) Y4 WC999-999999	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>	
<p align="center">READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.</p> 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED _____ DATE 04/12/2021				SIGNED _____	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 10 31 19		15. OTHER DATE QUAL MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. _____ 17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0				22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. R52		B. _____		C. _____	
E. _____		F. _____		G. _____	
I. _____		J. _____		K. _____	
L. _____					
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	
E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS	
H. EPSTD Family Plan		I. ID. QUAL		J. RENDERING PROVIDER ID. #	
1 04 02 21 04 02 21 11		ML201		A 2015.00 1.0	
2 04 02 21 04 02 21 11		MLPRR		A 300.00 100.0	
3 04 02 21 04 02 21 11		ML205		A 325.00 4.0	
				NPI 1549462303	
				NPI 1549462303	
				NPI 1549462303	
				NPI 1549462303	
				NPI	

PATIENT AND IF PHYSICIAN OR SUPPLIER INFORMATION



Sub Rosa Recording Review: 1 Hour

568
32. SERV
Flower Va.
4747 Donnelly Springs
West Isabelle CA 94806-1948

4836 Marquardt Harbor
Sporserside CA 94806-1948

a 9317121470 b. _____ a 3983961222 b. _____

SIGNED _____ DATE _____
NUCC Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

§ 9794. Reimbursement of Medical-Legal Expenses

(b) All medical-legal expenses shall be paid within 60 days after receipt by the employer of the reports and documents required by the administrative director unless the claims administrator, within this period, contests its liability for such payment.

(l) **“Reports and documents required by the administrative director”** means an itemized billing, **a copy of the medical-legal evaluation report,** any correspondence received by the physician from the parties to the action, and any verification required under Section 9795(c).



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NEWSLINE

Release Number: 2021-41

April 8, 2021

DWC Hosts Zoom Question and Answer Meetings on April 13 and April 20 Regarding Medical-Legal Fee Schedule Regulations

The Division of Workers' Compensation (DWC) will host Zoom meetings on April 13 and April 20 to answer

(l) “Reports and documents required by the administrative director” means an itemized billing, a copy of the medical-legal evaluation report, **any correspondence received by the physician from the parties to the action,** and any verification required under Section 9795(c).

Join from PC, Mac, Linux, iOS or Android:
<https://dir-ca-gov.zoom.us/j/86341490521>

Or Telephone:

Dial:

USA 216 706 7005

USA 8664345269 (US Toll Free)

Conference code: 956474

Join from PC, Mac, Linux, iOS or Android:
<https://dir-ca-gov.zoom.us/j/85665105486>

Or Telephone:

Dial:

USA 216 706 7005

USA 8664345269 (US Toll Free)

Conference code: 956474



LAB §4062.3. Determination of Medical Issues



Code Search

Text Search

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[cross-reference chaptered bills](#)

[PDF](#) | [Add To My Favorites](#)



Search Phrase:

LABOR CODE - LAB

DIVISION 4. WORKERS' COMPENSATION AND INSURANCE [3200 - 6002] (*Heading of Division 4 amended by Stats. 1979, Ch. 373.*)

PART 1. SCOPE AND OPERATION [3200 - 4418] (*Part 1 enacted by Stats. 1937, Ch. 90.*)

CHAPTER 7. Medical Examinations [4050 - 4068] (*Chapter 7 enacted by Stats. 1937, Ch. 90.*)

ARTICLE 2. Determination of Medical Issues [4060 - 4068] (*Article 2 added by Stats. 1989, Ch. 892, Sec. 28.*)

4062.3. (a) Any party may provide to the qualified medical evaluator selected from a panel any of the following information:

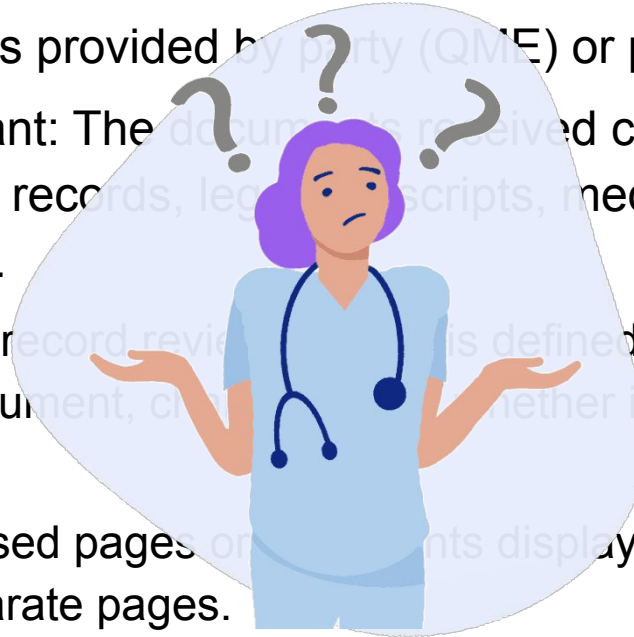
- (1) Records prepared or maintained by the employee's treating physician or physicians.
- (2) Medical and nonmedical records relevant to determination of the medical issue.

(b) Information that a party proposes to provide to the qualified medical evaluator selected from a panel shall be served on the opposing party 20 days before the information is provided to the evaluator. If the opposing party objects to consideration of nonmedical records within 10 days thereafter, the records shall not be provided to the evaluator. Either party may use



MLPRR - Record Review Checklist

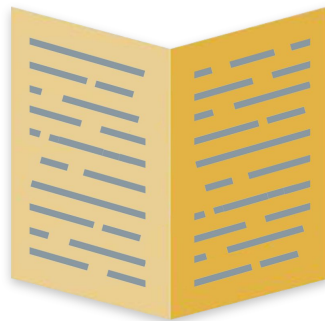
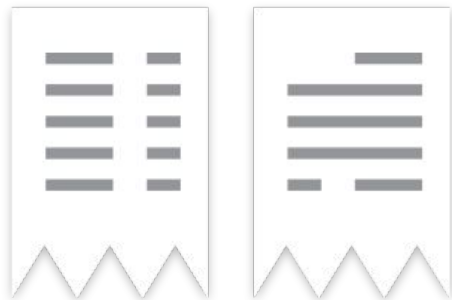
1. Records: Documents provided by party (QME) or parties (AME).
2. Documents Compliant: The documents received comply with the regulation definition of medical records, legible transcripts, medical test results or other relevant documents.
 - a. For purposes of record review, a document is defined as an 8 ½ by 11 single-sided document, or its equivalent, whether in physical or electronic form.
 - b. Multiple condensed pages or contents displayed on a single page shall be charged as separate pages.
3. **Labor Code §4062.3 Declaration:** The documents must include a declaration signed under the penalty of perjury that prior to sending the documents, the provider of documents complied with Labor Code 4062.3.
4. **Labor Code §4062.3 Declaration:** The declaration must include an attestation as to the correct total page count of documents provided.
5. Purge Noncompliant Documents: If sender fails to include Labor Code §4062.3 Declaration with page count attestation.



§ 9794. Reimbursement of Medical-Legal Expenses

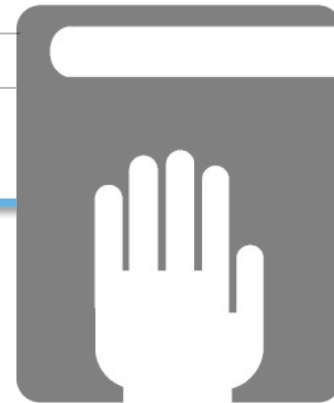
(b) All medical-legal expenses shall be paid within 60 days after receipt by the employer of the reports and documents required by the administrative director unless the claims administrator, within this period, contests its liability for such payment.

(l) “Reports and documents required by the administrative director” means an itemized billing, a copy of the medical-legal evaluation report, any correspondence received by the physician from the parties to the action, and **any verification required under Section 9795(c).**



ML205: Sub Rosa Recording Review

ML Code	ML205
Procedure	ML205: Sub Rosa Recording Review
Description	<p>The physician shall be reimbursed for time spent reviewing sub rosa recordings.</p> <p>The physician shall be reimbursed at the rate of \$325/hour, or his or her usual and customary hourly fee, whichever is less, for each quarter hour or portion thereof, rounded to the nearest quarter hour, spent by the physician for time spent reviewing sub rosa recordings.</p> <p>If the sub rosa recordings are received by a physician prior to the issuance of a pending report related to a medical-legal evaluation, the physician may not also bill a supplemental report fee in connection with the review of the sub rosa material.</p> <p>The physician shall include in his or her report verification under penalty of perjury of time spent reviewing sub rosa recordings.</p>
Relative Value (RV) \$16.25	7
Units	1+
Payment per Unit	\$113.75
Record Review - MLPRR	Not applicable.



§ 9794. Reimbursement of Medical-Legal Expenses

§ 9794. Reimbursement of Medical-Legal Expenses.

(a) The cost of comprehensive, follow-up and supplemental medical-legal evaluation reports, diagnostic tests, and medical-legal testimony, regardless of whether incurred on behalf of the employee or claims administrator, shall be billed and reimbursed as follows:

(1) X-rays, laboratory services and other diagnostic tests shall be billed and reimbursed in accordance with the ~~Official~~ ~~Medical~~ ~~Fee~~ ~~Schedule~~ adopted pursuant to Labor Code Section 5307.1. **No other charges shall be billed under the Official Medical Fee Schedule in connection with a medical-legal evaluation or report.** In no event shall the claims administrator be liable for the cost of any diagnostic test provided in connection with a comprehensive medical-legal evaluation report unless the subjective complaints and physical findings that warrant the necessity for the test are included in the medical-legal evaluation report. Additionally, the claims administrator shall not be liable for the cost of diagnostic tests, absent prior authorization by the claims administrator, if adequate medical information is already in the medical record provided to the physician.

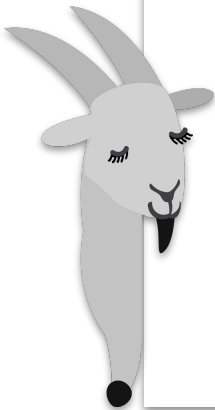
(2) The cost of comprehensive, follow-up and supplemental medical-legal evaluations, and medical-legal testimony shall be billed and reimbursed in accordance with the schedule set forth in Section 9795.

(b) All medical-legal expenses shall be paid within 60 days after receipt by the employer of the reports and documents required by the administrative director unless the claims administrator, within this period, contests its liability for such payment.

(c) A claims administrator who contests all or any part of a bill for medical-legal expense, or who contests a bill on the basis that the expense does not constitute a

Medical-Legal Fee Schedule
Proposed Effective Date: April 1, 2021
8 C.C.R. §§ 9793, 9794, and 9795

4



DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 Billable units: 1 maximum

Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's initial comprehensive medical-legal evaluation which was available in the physician's office for review or was included in the medical record provided to the party requesting a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing issues requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology, or other specialty.

Add-on Codes

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) Billable units: Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units.
- §4062.3 Declaration and page count attestation received. Attestation page count: _____
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

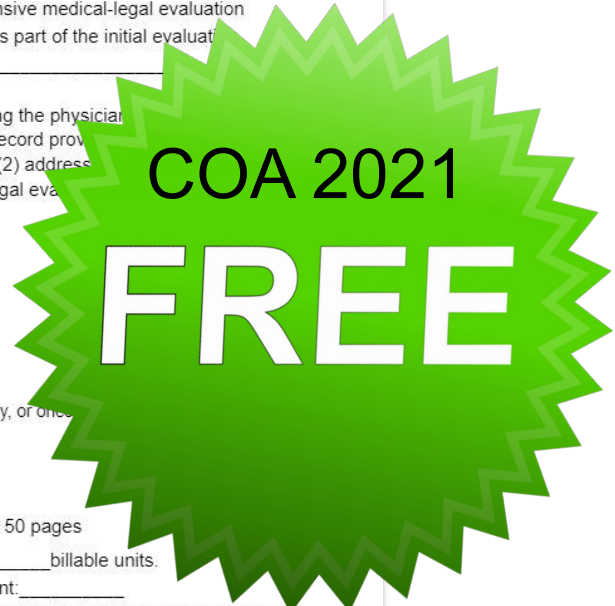
Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. Billable units: 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

Correspondence

Correspondence - For submission with bill, upload any correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- §4062.3 Declaration signed with page count attestation uploaded to Injury Documents



DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 **Billable units:** 1 maximum

Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology, or oncology evaluation is the primary focus.

Add-on Codes

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) **Billable units:** Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units.
- §4062.3 Declaration and page count attestation received. Attestation page count: _____
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

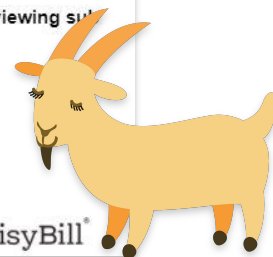
Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. **Billable units:** 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

Correspondence

Correspondence - For submission with bill, upload any correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- §4062.3 Declaration signed with page count attestation uploaded to Injury Documents



DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 Billable units: 1 maximum
Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Other

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology, or oncology evaluation is the primary focus.

Add-on Codes

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) Billable units: Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units.
- \$4062.3 Declaration and page count attestation received. Attestation page count: _____
- \$9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. Billable units: 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- \$9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

Correspondence

Correspondence - For submission with bill, upload any correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- \$4062.3 Declaration signed with page count attestation uploaded to Injury Documents



DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 Billable units: 1 maximum

Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology, or oncology evaluation is the primary focus.

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) Billable units: Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units.
- \$4062.3 Declaration and page count attestation received. Attestation page count: _____
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. Billable units: 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

Correspondence

Correspondence - For submission with bill, upload any correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- \$4062.3 Declaration signed with page count attestation uploaded to Injury Documents

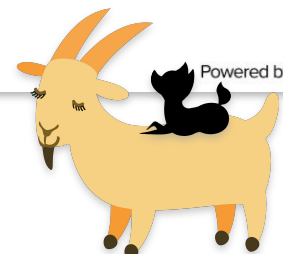
Powered by  DaisyBill®

DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

Expanded Modifier Checklist

Modifiers - Choose applicable modifiers

- 92 Primary Treating Physician:** Evaluation performed by the Primary Treating Physician
- 93 Interpreter:** Needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increased the time needed to conduct the examination.
- 94 Agreed Medical Evaluator:** Evaluation performed by an Agreed Medical Evaluator
- 95 Qualified Medical Evaluator:** Evaluation performed by a panel selected Qualified Medical Evaluator
- 96 Psychologist or Psychiatrist:** When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation. Choose physician type that performed evaluation
 - Psychiatrist
 - Psychologist
- 97 Toxicology:** When a toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation. Choose physician type that performed evaluation
 - Board certified in Toxicology,
 - Certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or
 - Board certified in Internal Medicine
- 98 Oncology:** When an oncology evaluation is the primary focus of the medical-legal evaluation. Choose physician type that performed evaluation
 - Board certified in Medical Oncology,
 - Certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or
 - Board certified in Internal Medicine



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DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 Billable units: 1 maximum

Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology, or oncology evaluation is the primary focus.

Add-on Codes

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) Billable units: Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units.
- \$4062.3 Declaration and page count attestation received. Attestation page count: _____
- \$9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. Billable units: 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- \$9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

Correspondence

Correspondence - For submission with bill, upload any correspondence to patient account via Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- \$4062.3 Declaration signed with page count attestation uploaded to Injury Documents



DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 Billable units: 1 maximum

Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology, or oncology evaluation is the primary focus.

Add-on Codes

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) Billable units: Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units.
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- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. Billable units: 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

Correspondence

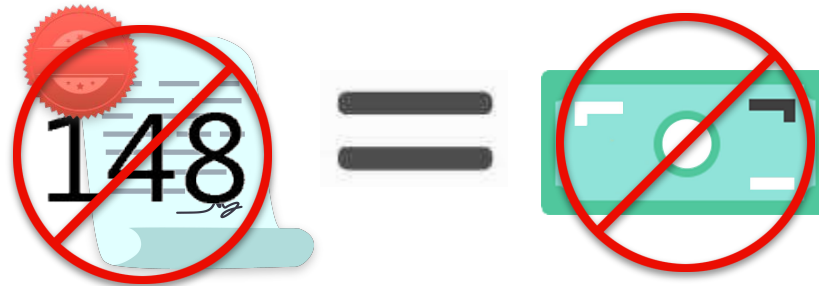
Correspondence - For submission with bill, upload any correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- §4062.3 Declaration signed with page count attestation uploaded to Injury Documents

§ 9793. Definitions.

(n) **“Record Review”** means the review by a physician of documents sent to the physician in connection with a medical-legal evaluation or request for report.

- The documents may consist of medical records, legal transcripts, medical test results, and or other
- For purposes of this section, a document, including a document that is a multiple copy, shall be charged to the physician as separate documents if the document is provided to the physician in multiple copies.
- Any document that is provided to the physician without the accompanying required declaration shall not be considered available to the physician or received by the physician for purposes of any regulatory or statutory duty of the physician regarding records and report writing.



single-sided

shall be charged

provided by a
physician has complied
with the provisions of this section.



DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 Billable units: 1 maximum

Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology, or oncology evaluation is the primary focus.

Add-on Codes

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) Billable units: Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units.
- §4062.3 Declaration and page count attestation received. Attestation page count: _____
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. Billable units: 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

Correspondence

Correspondence - For submission with bill, upload any correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- §4062.3 Declaration signed with page count attestation uploaded to Injury Documents

DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 Billable units: 1 maximum

Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology, or oncology evaluation is the primary focus.

Add-on Codes

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) Billable units: Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units.
- §4062.3 Declaration and page count attestation received. Attestation page count: _____
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. Billable units: 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

Correspondence

Correspondence - For submission with bill, upload any correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- §4062.3 Declaration signed with page count attestation uploaded to Injury Documents



Second Review Appeals

DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Choose reason for Supplemental Medical-Legal Evaluation. Payment per evaluation: \$650.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal report
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the medical-legal report
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's office for review or was included in the medical record provided to the physician; (2) addressing an issue that was reported in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental report.

MLPRR - Record Review: 50+ Page Count

Reimbursement due to physician for review of records that were received as part of a medical-legal report. The physician is reimbursed \$3.00 per page for any records reviewed.

- Total pages reviewed by physician evaluator _____ less 50 = _____
- \$4062.3 Declaration signed with page count attestation received. At least one of the following conditions must be met: 1) Initial Comprehensive Medical-Legal Report; 2) any intervening supplemental medical-legal evaluations
- Report verification: under penalty of perjury, physician reports the total number of pages reviewed by physician as part of the supplemental medical-legal evaluation.

ML205 - Sub Rosa Recording Review

The physician is reimbursed at the rate of \$325/hour, or the physician's customary hourly rate.

- Total minutes physician spent review sub rosa recording: _____ ÷ 4 = _____ quarter hour or portion thereof, round to the nearest quarter hour.
- Physician included in his or her report verification under penalty of perjury of time spent reviewing sub rosa recordings.

ML Modifiers - Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the Primary Treating Physician
- 93 Interpreter:** Needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increased the time needed to conduct the examination
- 94 Agreed Medical Evaluator:** Evaluation performed by an Agreed Medical Evaluator
- 95 Qualified Medical Evaluator:** Evaluation performed by a panel selected Qualified Medical Evaluator

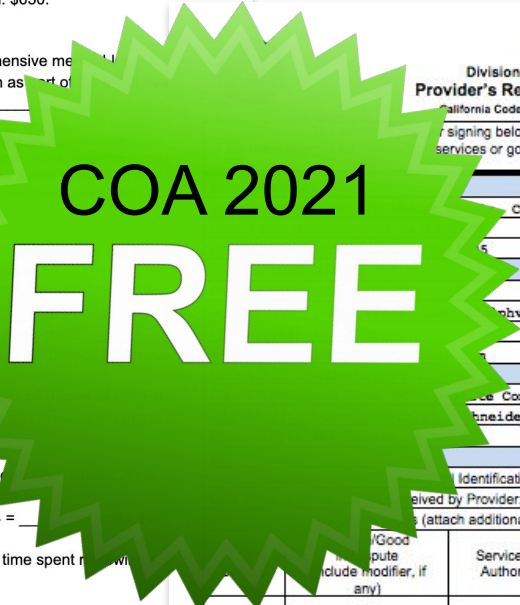
*Use expanded modifier checklist when psychological, psychiatric, toxicology, or oncology evaluation is the primary focus of the evaluation.

Correspondence Received From Parties

For submission with bill, upload all correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- \$4062.3 Declaration signed with page count attestation uploaded to Injury Documents

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State of California Division of Workers' Compensation Provider's Request for Second Bill Review

California Code of Regulations, title 8, section 9792.5.6

I, the undersigned, signing below seeks reconsideration of the denial and/or adjustment of benefits for services or goods, or medical-legal services, provided to the injured employee.

Cecil
 Claim Number: **8650558944**
 Employer Name: **Aufderhar Group**
 Contact Name: **Freddie Hagenes**
 Address: **10000 Hillside Drive, San Jose, CA 95001-9998**
 Fax Number: **(213) 535-7187**
 NPI Number: **8861883624**

Division of Workers' Compensation
 Contact Name: **Sue Smith**
 Address: **10000 Hillside Drive, San Jose, CA 95001-9998**
 Fax Number: _____

Identification Number (if any): **939579391**

Received by Provider: **11/09/2015**

(attach additional pages if necessary):

Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
10/23/2015	99214	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$265.84	\$46.33	\$86.59	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Requesting Second Bill Review and Description of Supporting Documentation:
The E&M code on this bill was improperly downcoded. The level billed was met and is documented in the submitted report. The level billed conforms to the 1997 E&M guide as outlined in section § 9789.12.1:1 Evaluation and Management: Coding - New Patient; Documentation. Full payment is due immediately.

Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Requesting Second Bill Review and Description of Supporting Documentation:

Provider Signature: _____ Date: **03/09/2016**



COA 2021: Medical-Legal Topics



1. New MLFS billing codes



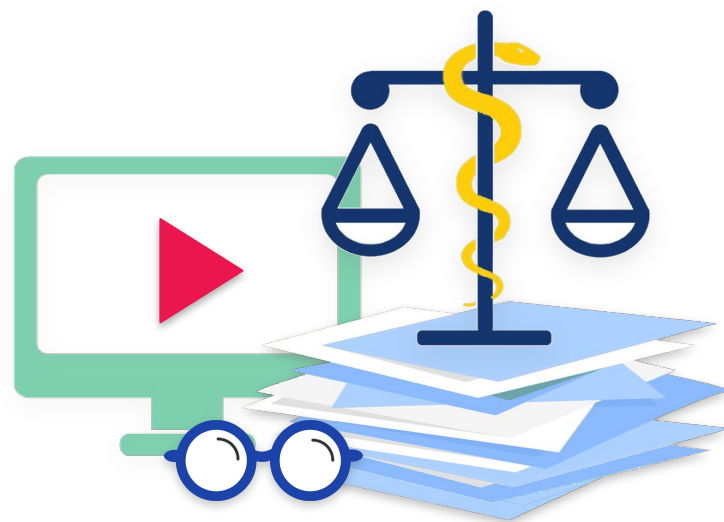
2. Updated MLFS billing instructions



3. MLFS Modifiers: Calculating reimbursements



4. FREE MLFS Resources



Medical-Legal Modifiers

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	

ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review
<p>Modifier 92 Primary Treating Physician (PTP) - Fee Increase: None</p> <p>Modifier 93 Interpreter - Fee Increase: 1.1</p> <p>Modifier 94 Agreed Medical Evaluator (AME) - Fee Increase: 1.35</p> <p>Modifier 95 Qualified Medical Evaluator (QME) - Fee Increase: None</p> <p>Modifier 96 Psyche - Fee Increase: 2.0</p> <p>Modifier 97 Toxicology - Fee Increase: 1.5</p> <p>Modifier 98 Oncology - Fee Increase: 1.5</p>		
		<p>For ML203 With Modifier 94 AME</p> <p>Modifiers 96, 97, or 98 Fee Increase: None</p>

Seven Medical-Legal Modifiers

Evaluator Type	Modifier	Fee Multiplier	M/L Evaluation Fee Increase	Evaluator Description
Primary Treating Physician	92	None	None	Evaluation performed by the Primary Treating Physician
Interpreter	93	1.1	ML201 ML202	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
AME	94	1.35	ML201 ML202 ML203	Evaluation performed by an Agreed Medical Evaluator
QME	95	None	None	Evaluation performed by a panel selected Qualified Medical Evaluator
Psychiatrist or Psychologist	96	2	ML201 ML202 ML203	When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a 1) Psychiatrist or 2) Psychologist
Toxicology	97	1.5	ML201 ML202 ML203	When a Toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is a 1) board certified in Toxicology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine
Oncology	98	1.5	ML201 ML202 ML203	When an Oncology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is 1) board certified in Medical Oncology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine



Seven Medical-Legal Modifiers

Evaluator Type	Modifier	Fee Multiplier	M/L Evaluation Fee Increase	Evaluator Description
Primary Treating Physician	92	None	None	Evaluation performed by the Primary Treating Physician
Interpreter	93	1.1	ML201 ML202	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
AME	94	1.35	ML201 ML202 ML203	Evaluation performed by an Agreed Medical Evaluator
QME	95	None	None	Evaluation performed by a panel selected Qualified Medical Evaluator
Psychiatrist or Psychologist	96	2	ML201 ML202 ML203	When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a 1) Psychiatrist or 2) Psychologist
Toxicology	97	1.5	ML201 ML202 ML203	When a Toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is a 1) board certified in Toxicology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine
Oncology	98	1.5	ML201 ML202 ML203	When an Oncology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is 1) board certified in Medical Oncology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine



Seven Medical-Legal Modifiers

Evaluator Type	Modifier	Fee Multiplier	M/L Evaluation Fee Increase	Evaluator Description
Primary Treating Physician	92	None	None	Evaluation performed by the Primary Treating Physician
Interpreter	93	1.1	ML201 ML202	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
AME	94	1.35	ML201 ML202 ML203	Evaluation performed by an Agreed Medical Evaluator
QME	95	None	None	Evaluation performed by a panel selected Qualified Medical Evaluator
Psychiatrist or Psychologist	96	2	ML201 ML202 ML203	When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a 1) Psychiatrist or 2) Psychologist
Toxicology	97	1.5	ML201 ML202 ML203	When a Toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is a 1) board certified in Toxicology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine
Oncology	98	1.5	ML201 ML202 ML203	When an Oncology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is 1) board certified in Medical Oncology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine



Seven Medical-Legal Modifiers

Evaluator Type	Modifier	Fee Multiplier	M/L Evaluation Fee Increase	Evaluator Description
Primary Treating Physician	92	None	None	Evaluation performed by the Primary Treating Physician
Interpreter	93	1.1	ML201 ML202	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
AME	94	1.35	ML201 ML202 ML203	Evaluation performed by an Agreed Medical Evaluator
QME	95	None	None	Evaluation performed by a panel selected Qualified Medical Evaluator
Psychiatrist or Psychologist	96	2	ML201 ML202 ML203	When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a 1) Psychiatrist or 2) Psychologist
Toxicology	97	1.5	ML201 ML202 ML203	When a Toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is a 1) board certified in Toxicology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine
Oncology	98	1.5	ML201 ML202 ML203	When an Oncology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is 1) board certified in Medical Oncology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine



Seven Medical-Legal Modifiers

Evaluator Type	Modifier	Fee Multiplier	M/L Evaluation Fee Increase	Evaluator Description
Primary Treating Physician	92	None	None	Evaluation performed by the Primary Treating Physician
Interpreter	93	1.1	ML201 ML202	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
AME	94	1.35	ML201 ML202 ML203	Evaluation performed by an Agreed Medical Evaluator
QME	95	None	None	Evaluation performed by a panel selected Qualified Medical Evaluator
Psychiatrist or Psychologist	96	2	ML201 ML202 ML203	When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a 1) Psychiatrist or 2) Psychologist
Toxicology	97	1.5	ML201 ML202 ML203	When a Toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is a 1) board certified in Toxicology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine
Oncology	98	1.5	ML201 ML202 ML203	When an Oncology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is 1) board certified in Medical Oncology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine



Medical-Legal Modifiers

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			
	Modifier 92 Primary Treating Physician (PTP) - Fee Increase: None					
	Modifier 93 Interpreter - Fee Increase: 1.1					
	Modifier 94 Agreed Medical Evaluator (AME) - Fee Increase: 1.35					
	Modifier 95 Qualified Medical Evaluator (QME) - Fee Increase: None					
	Modifier 96 Psyche - Fee Increase: 2.0					
	Modifier 97 Toxicology - Fee Increase: 1.5					
	Modifier 98 Oncology - Fee Increase: 1.5					
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>For ML203 With Modifier 94 AME</p> <p>Modifiers 96, 97, or 98 Fee Increase: None</p> </div>					

Medical-Legal Modifiers

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: n/a	RV: 124	RV: 81	RV: 40	RV: 7	RV: n/a	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	MLPRR n/a

ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review
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Modifier 92 Primary Treating Physician (PTP) - Fee Increase: None
Modifier 93 Interpreter - Fee Increase: 1.1
Modifier 94 Agreed Medical Evaluator (AME) - Fee Increase: 1.35
Modifier 95 Qualified Medical Evaluator (QME) - Fee Increase: None
Modifier 96 Psyche - Fee Increase: 2.0
Modifier 97 Toxicology - Fee Increase: 1.5
Modifier 98 Oncology - Fee Increase: 1.5

For **ML203** With Modifier **94 AME**
Modifiers 96, 97, or 98
Fee Increase: **None**

Seven Medical-Legal Modifiers

Evaluator Type	Modifier	Fee Multiplier	M/L Evaluation Fee Increase	Evaluator Description
Primary Treating Physician	92	None	None	Evaluation performed by the Primary Treating Physician
Interpreter	93	1.1	ML201 ML202	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
AME	94	1.35	ML201 ML202 ML203	Evaluation performed by an Agreed Medical Evaluator
QME	95	None	None	Evaluation performed by a panel selected Qualified Medical Evaluator
Psychiatrist or Psychologist	96	2	ML201 ML202 ML203	When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a 1) Psychiatrist or 2) Psychologist
Toxicology	97	1.5	ML201 ML202 ML203	When a Toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is a 1) board certified in Toxicology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine
Oncology	98	1.5	ML201 ML202 ML203	When an Oncology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is 1) board certified in Medical Oncology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine



Medical-Legal Modifiers

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	

ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review
Modifier 92 Primary Treating Physician (PTP) - Fee Increase: None		
Modifier 93 Interpreter - Fee Increase: 1.1		
Modifier 94 Agreed Medical Evaluator (AME) - Fee Increase: 1.35		
Modifier 95 Qualified Medical Evaluator (QME) - Fee Increase: None		
Modifier 96 Psyche - Fee Increase: 2.0		
Modifier 97 Toxicology - Fee Increase: 1.5		
Modifier 98 Oncology - Fee Increase: 1.5		
For ML203 With Modifier 94 AME Modifiers 96, 97, or 98 Fee Increase: None		

Seven Medical-Legal Modifiers

Evaluator Type	Modifier	Fee Multiplier	M/L Evaluation Fee Increase	Evaluator Description
Primary Treating Physician	92	None	None	Evaluation performed by the Primary Treating Physician
Interpreter	93	1.1	ML201 ML202	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
AME	94	1.35	ML201 ML202 ML203	Evaluation performed by an Agreed Medical Evaluator
QME	95	None	None	Evaluation performed by a panel selected Qualified Medical Evaluator
Psychiatrist or Psychologist	96	2	ML201 ML202 ML203	When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a 1) Psychiatrist or 2) Psychologist
Toxicology	97	1.5	ML201 ML202 ML203	When a Toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is a 1) board certified in Toxicology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine
Oncology	98	1.5	ML201 ML202 ML203	When an Oncology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is 1) board certified in Medical Oncology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine



Medical-Legal Modifiers

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			
	Modifier 92 Primary Treating Physician (PTP) - Fee Increase: None					
	Modifier 93 Interpreter - Fee Increase: 1.1					
	Modifier 94 Agreed Medical Evaluator (AME) - Fee Increase: 1.35					
	Modifier 95 Qualified Medical Evaluator (QME) - Fee Increase: None					
	Modifier 96 Psyche - Fee Increase: 2.0					
	Modifier 97 Toxicology - Fee Increase: 1.5					
	Modifier 98 Oncology - Fee Increase: 1.5					
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> For ML203 With Modifier 94 AME Modifiers 96, 97, or 98 Fee Increase: None </div>					

Seven Medical-Legal Modifiers

Evaluator Type	Modifier	Fee Multiplier	M/L Evaluation Fee Increase	Evaluator Description
Primary Treating Physician	92	None	None	Evaluation performed by the Primary Treating Physician
Interpreter	93	1.1	ML201 ML202	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
AME	94	1.35	ML201 ML202 ML203	Evaluation performed by an Agreed Medical Evaluator
QME	95	None	None	Evaluation performed by a panel selected Qualified Medical Evaluator
Psychiatrist or Psychologist	96	2	ML201 ML202 ML203	When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a 1) Psychiatrist or 2) Psychologist
Toxicology	97	1.5	ML201 ML202 ML203	When a Toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is a 1) board certified in Toxicology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine
Oncology	98	1.5	ML201 ML202 ML203	When an Oncology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is 1) board certified in Medical Oncology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine



Medical-Legal Modifiers

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			
	Modifier 92 Primary Treating Physician (PTP) - Fee Increase: None					
	Modifier 93 Interpreter - Fee Increase: 1.1					
	Modifier 94 Agreed Medical Evaluator (AME) - Fee Increase: 1.35					
	Modifier 95 Qualified Medical Evaluator (QME) - Fee Increase: None					
	Modifier 96 Psyche - Fee Increase: 2.0					
	Modifier 97 Toxicology - Fee Increase: 1.5					
	Modifier 98 Oncology - Fee Increase: 1.5					
			For ML203 With Modifier 94 AME			
			Modifiers 96, 97, or 98 Fee Increase: None			

Medical-Legal Modifiers

California Medical-Legal Fee Schedule
Effective April 1, 2021

ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	
	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review	ML205 Sub Rosa Recording Review			
	Modifier 92 Primary Treating Physician (PTP) - Fee Increase: None					
	Modifier 93 Interpreter - Fee Increase: 1.1					
	Modifier 94 Agreed Medical Evaluator (AME) - Fee Increase: 1.35					
	Modifier 95 Qualified Medical Evaluator (QME) - Fee Increase: None					
	Modifier 96 Psyche - Fee Increase: 2.0					
	Modifier 97 Toxicology - Fee Increase: 1.5					
	Modifier 98 Oncology - Fee Increase: 1.5					
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>For ML203 With Modifier 94 AME</p> <p>Modifiers 96, 97, or 98 Fee Increase: None</p> </div>					

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DOS	Place of Service Type	Provider Type	Place of Service County
04/12/2021	Non-Facility	Physician	Alameda And Contra Costa - 7

#	Procedure Code	Units	Expected	Payment Amount	Balance Due	Expected %
1	ML201:93:94:96	1.0	\$4,936.75	\$0.00	\$4,936.75	0%
		Totals	\$4,936.75	\$0.00	\$4,936.75	0%

Detailed Explanation

#1 - ML201:93:94:96

Calculation Details	
Fee Schedule	Medical-Legal
Procedure	Comprehensive Medical-Legal Evaluation
Description	All comprehensive medical-legal evaluations that do not qualify as follow-up or supplemental medical-legal evaluations
Record Review - MLPRR	The fee includes review of 200 pages of records. Review of records in excess of 200 pages shall be reimbursed at the rate of \$3.00 per page. When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal evaluation and preparation of the report. §9793(n)
Reference Regulation(s)	§9793(c)
Effective Dates of Service	04/01/2021 - Current
Calculation Explanation	124 (RV) * \$16.25 (CF) * 1 (Units) * 2.45 (Modifier)

Billing Ground Rules		
Modifier 96 - Psych: Fee increased by 2.0		
Modifier 93 - Interpreter: Fee increased by 0.1		
Modifier 94 - AME: Fee increased by 0.35		

Modifier	Evaluator	Description
93	Interpreter	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
94	AME	Evaluation performed by an Agreed Medical Evaluator.
96	Psych	Evaluation performed by a 1) Psychiatrist or 2) Psychologist when a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation.

NCCI Edits
No NCCI edits for this procedure.

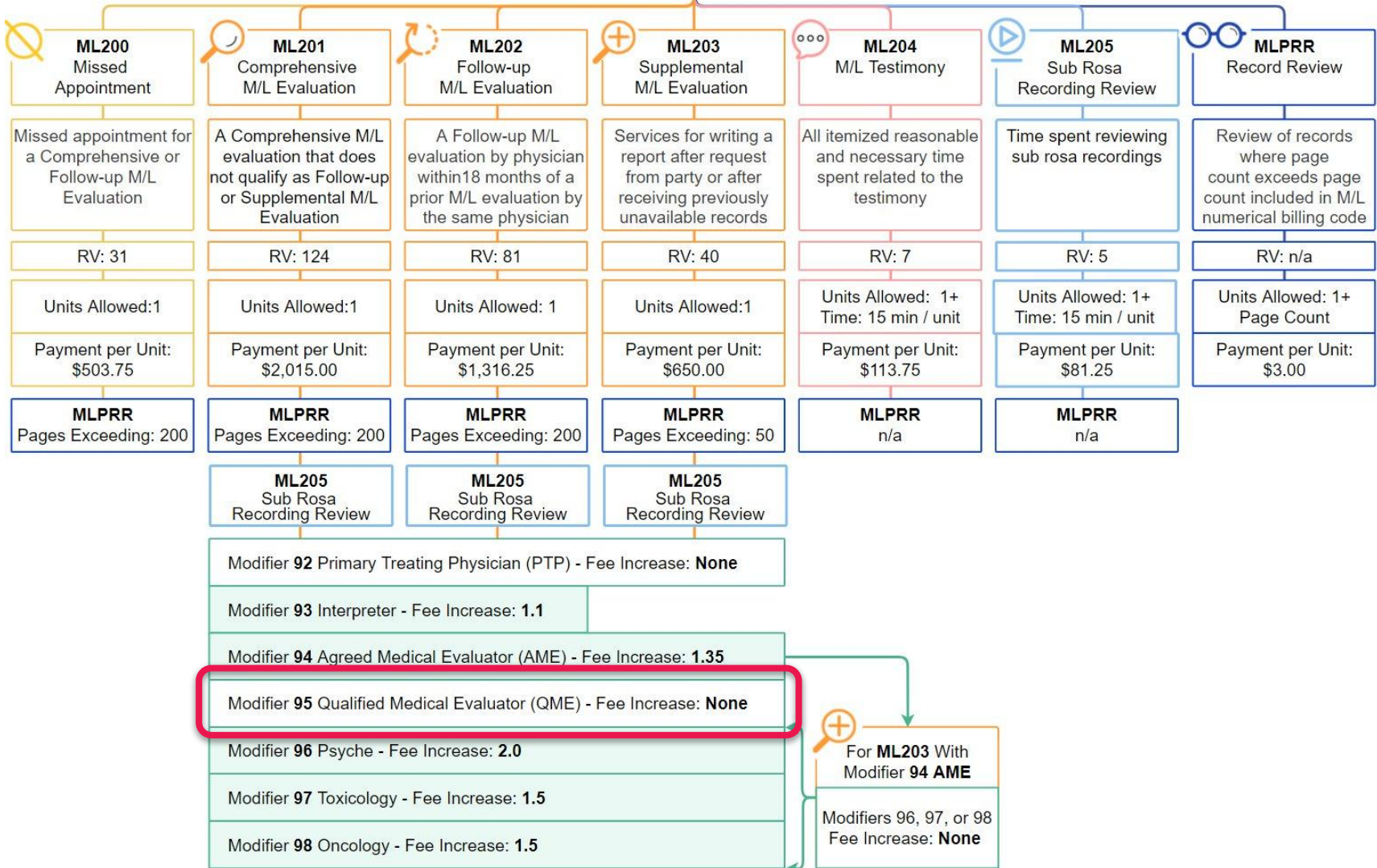
Seven Medical-Legal Modifiers

Evaluator Type	Modifier	Fee Multiplier	M/L Evaluation Fee Increase	Evaluator Description
Primary Treating Physician	92	None	None	Evaluation performed by the Primary Treating Physician
Interpreter	93	1.1	ML201 ML202	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
AME	94	1.35	ML201 ML202 ML203	Evaluation performed by an Agreed Medical Evaluator
QME	95	None	None	Evaluation performed by a panel selected Qualified Medical Evaluator
Psychiatrist or Psychologist	96	2	ML201 ML202 ML203	When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a 1) Psychiatrist or 2) Psychologist
Toxicology	97	1.5	ML201 ML202 ML203	When a Toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is a 1) board certified in Toxicology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine
Oncology	98	1.5	ML201 ML202 ML203	When an Oncology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is 1) board certified in Medical Oncology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine



Medical-Legal Modifiers

California Medical-Legal Fee Schedule
Effective April 1, 2021







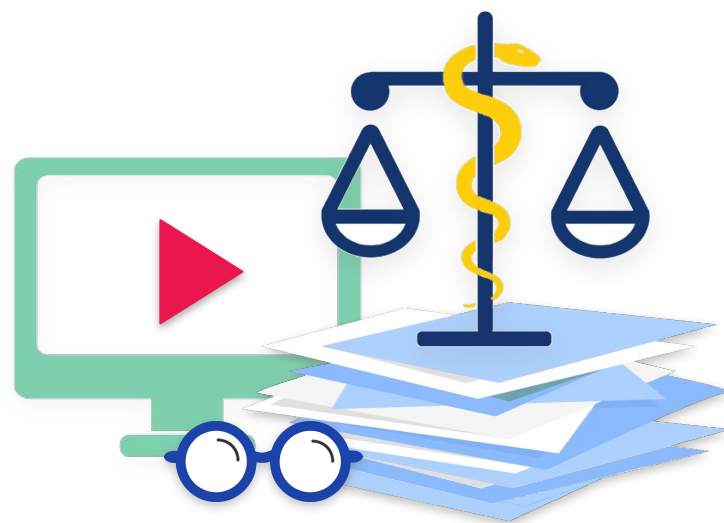
Seven Medical-Legal Modifiers

Evaluator Type	Modifier	Fee Multiplier	M/L Evaluation Fee Increase	Evaluator Description
Primary Treating Physician	92	None	None	Evaluation performed by the Primary Treating Physician
Interpreter	93	1.1	ML201 ML202	Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination.
AME	94	1.35	ML201 ML202 ML203	Evaluation performed by an Agreed Medical Evaluator
QME	95	None	None	Evaluation performed by a panel selected Qualified Medical Evaluator
Psychiatrist or Psychologist	96	2	ML201 ML202 ML203	When a psychiatric or psychological evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a 1) Psychiatrist or 2) Psychologist
Toxicology	97	1.5	ML201 ML202 ML203	When a Toxicology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is a 1) board certified in Toxicology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine
Oncology	98	1.5	ML201 ML202 ML203	When an Oncology evaluation is the primary focus of the medical-legal evaluation and the evaluation is performed by a physician who is 1) board certified in Medical Oncology, 2) certified as a Qualified Medical Evaluator in the specialty of Internal Medicine, or 3) board certified in Internal Medicine



COA 2021: Medical-Legal Topics

-  1. New MLFS billing codes
-  2. Updated MLFS billing instructions
-  3. MLFS Modifiers: Calculating reimbursements
-  4. FREE MLFS Resources



COA 2021: Free MLFS Resources

- Subscription to DaisyWizard for 30 days

Physician Services 04/12/2021
Calculation

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DOS	Place of Service Type	Provider Type	Place of Service County
04/12/2021	Non-Facility	Physician	Alameda And Contra Costa - 7

#	Procedure Code	Units	Expected	Payment Amount	Balance Due	Expected %
1	ML200	1.0	\$503.75	\$0.00	\$503.75	0%
Totals			\$503.75	\$0.00	\$503.75	0%

Detailed Explanation

#1 - ML200

Calculation Details	Billing Ground
Fee Schedule Medical-Legal	No ground rules for this procedure.
Procedure Missed appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation Includes instances where 1. the injured worker does not show up for the evaluation, 2. the interpreter does not show up for the	NCCI Edits No NCCI edits for this procedure.



Physician Services 05/12/2021

Calculation

Download PDF

Edit

1. MLFS Expected Reimbursement

DOS: 05/12/2021 Place of Service Type: Non-Facility Place of Service County: Butte - 55

#	Procedure Code	Units	Expected	Payment Amount	Balance Due	Expected %
1	ML201:94	1.0	\$2,720.25	\$0.00	\$2,720.25	0%
2	MLPRR	100.0	\$300.00	\$0.00	\$300.00	0%
3	ML205	5.0	\$406.25	\$0.00	\$406.25	0%
Totals			\$3,426.50	\$0.00	\$3,426.50	0%

Detailed Explanation

2. Record Review rules

#1 - ML201:94

Calculation Details	
Fee Schedule	Medical-Legal
Procedure	Comprehensive Medical-Legal Evaluation
Description	All comprehensive medical-legal evaluations that do not qualify as follow-up or supplemental medical-legal evaluations
Record Review - MLPRR	The fee includes review of 200 pages of records. Review of records in excess of 200 pages shall be reimbursed at the rate of \$3.00 per page. When billing under this code, the physician shall include in the report a verification under penalty of perjury of the total number of pages of records reviewed by the physician as part of the supplemental medical-legal evaluation and preparation of the report.
Reference Regulation(s)	§9793(n) §9793(c)
Effective Dates of Service	04/01/2021 - Current
Calculation Explanation	124 (RV) * \$16.25 (CF) * 1 (Units) * 1.35 (Modifier)

Billing Ground Rules

Modifier 94 - AME: Fee increased by 0.35

Modifier	Evaluator	Description
94	AME	Evaluation performed by an Agreed Medical Evaluator.

NCCI Edits

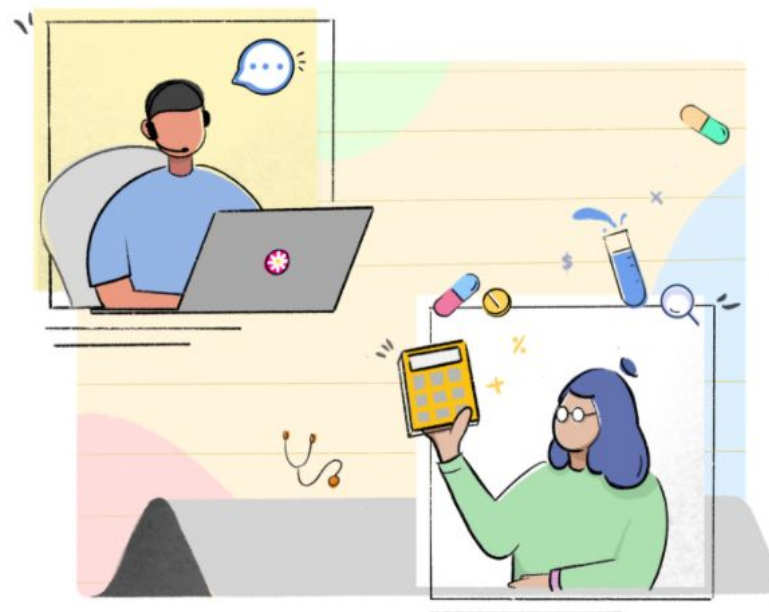
No NCCI edits for this procedure.

3. Modifier reimbursement calculations

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COA 2021: Free MLFS Resources

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- MLFS Report Cards with appeal language



Average Days to Payment
Real-time info about workers' comp

MLFS Report Cards
2021 Med-Legal Fee Schedule Report Cards

Brilliant Compensation Solutions

Our Mission Is to Improve Workers' Compensation



Med-Legal Fee Schedule Report Cards

Since California's new MLFS took effect on April 1, 2021, some claims administrators have proven better than others at properly reimbursing new billing codes and modifiers. With our Report Cards, providers can see which claims administrators get Medical-Legal payment right, which get it wrong, and how to appeal incorrect payments.

Questions? Schedule a Call



ML200 - Mitsui Sumitomo Insurance: Grade A

Claims administrator properly processed reimbursement for ML200. Date of Service: 04/02/2021

View Report Card



ML200 - Next Level Administrators: Grade F

Claims administrator failed to properly reimburse ML200. Next Level Administrators incorrectly denied valid medical-legal code as not reimbursable.

Date of Service: 04/08/2021

EOR Adjustment Reason: G3 - The Official Medical Fee Schedule does not list this code. No Payment is being made at this time. Please resubmit your claim with the OMFS code(s) that best describe the service(s) provided and your supporting documentation.

View Report Card





ML200 - Next Level Administrators: Grade F

May 3, 2021 by Catherine Montgomery

MLFS Report Card

Claims administrator failed to properly reimburse ML200. Next Level Administrators incorrectly denied valid medical-legal code as not reimbursable. Date of Service: 04/08/2021

MLFS Code(s)	ML200 Up Med	Second Review Reason to dispute incorrect reimbursement	Claims administrator incorrectly denied reimbursement. Per CCR §9795, ML200 is a valid code with a Relative Value of 31. Missed appointments are reimbursable when the injured worker fails to appear for the evaluation appointment. ML200 payment due: \$503.75. In addition to payment, penalties and interest are now due.
MLFS Grade	F		
Claims Administrator	Next Le		
Bill Review Vendor	Genex		
Employer	All Pest Pro		

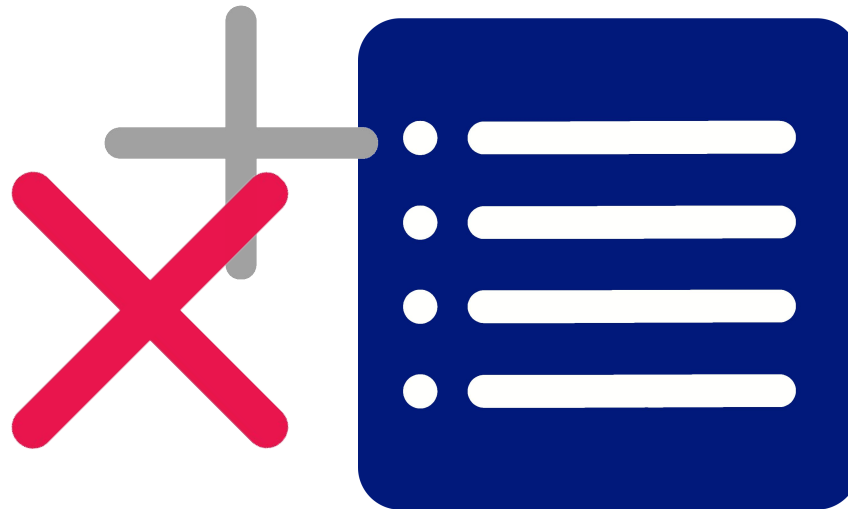
EOR Adjustment Reason	G3 - The Official Medical Fee Schedule does not list this code. No Payment is being made at this time. Please resubmit your claim with the OMFS code(s) that best describe the service(s) provided and your supporting documentation.
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Second Review Reason to dispute incorrect reimbursement	Claims administrator incorrectly denied reimbursement. Per CCR §9795, ML200 is a valid code with a Relative Value of 31. Missed appointments are reimbursable when the injured worker fails to appear for the evaluation appointment. ML200 payment due: \$503.75. In addition to payment, penalties and interest are now due.
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COA 2021: Free MLFS Resources

- Subscription to DaisyWizard for 30 days
- MLFS Report Cards with appeal language

- MLFS PDF Summary



California Medical-Legal Fee Schedule
Effective April 1, 2021

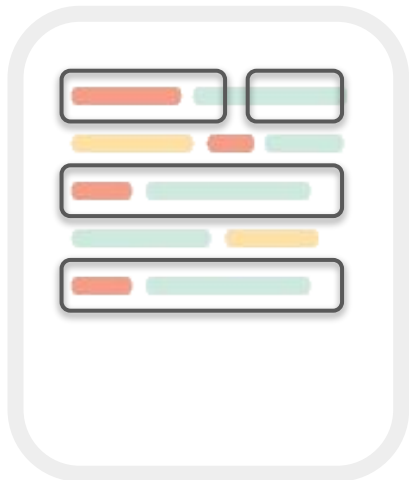
ML200 Missed Appointment	ML201 Comprehensive M/L Evaluation	ML202 Follow-up M/L Evaluation	ML203 Supplemental M/L Evaluation	ML204 M/L Testimony	ML205 Sub Rosa Recording Review	MLPRR Record Review
Missed appointment for a Comprehensive or Follow-up M/L Evaluation	A Comprehensive M/L evaluation that does not qualify as Follow-up or Supplemental M/L Evaluation	A Follow-up M/L evaluation by physician within 18 months of a prior M/L evaluation by the same physician	Services for writing a report after request from party or after receiving previously unavailable records	All itemized reasonable and necessary time spent related to the testimony	Time spent reviewing sub rosa recordings	Review of records where page count exceeds page count included in M/L numerical billing code
RV: 31	RV: 124	RV: 81	RV: 40	RV: 7	RV: 5	RV: n/a
Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Time: 15 min / unit	Units Allowed: 1+ Page Count
Payment per Unit: \$503.75	Payment per Unit: \$2,015.00	Payment per Unit: \$1,316.25	Payment per Unit: \$650.00	Payment per Unit: \$113.75	Payment per Unit: \$81.25	Payment per Unit: \$3.00
MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 200	MLPRR Pages Exceeding: 50	MLPRR n/a	MLPRR n/a	

- ML205** Sub Rosa Recording Review
 - ML205** Sub Rosa Recording Review
 - ML205** Sub Rosa Recording Review
 - Modifier **92** Primary Treating Physician (PTP) - Fee Increase: **None**
 - Modifier **93** Interpreter - Fee Increase: **1.1**
 - Modifier **94** Agreed Medical Evaluator (AME) - Fee Increase: **1.35**
 - Modifier **95** Qualified Medical Evaluator (QME) - Fee Increase: **None**
 - Modifier **96** Psyche - Fee Increase: **2.0**
 - Modifier **97** Toxicology - Fee Increase: **1.5**
 - Modifier **98** Oncology - Fee Increase: **1.5**
- For **ML203** With Modifier **94 AME**

Modifiers 96, 97, or 98
Fee Increase: **None**

COA 2021: Free MLFS Resources

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- MLFS Report Cards with appeal language
- MLFS PDF Summary
- Superbills for new MLFS billing codes



DOS: _____ Rendering Physician: _____ Location: _____
Patient Name: _____ Claims Administrator: _____ Claim Number: _____

ML203 - Supplemental Medical-Legal Evaluation

Reimbursement: \$650 Billable units: 1 maximum

Choose reason for Supplemental Medical-Legal Evaluation.

- A request for a supplemental report from a party to the action or
- Records that were not available at the time of the initial or follow-up comprehensive medical-legal evaluation
- Results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation
- Other _____

Note: Fees will not be allowed under this section for supplemental reports: (1) following the physician's review of information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing a comprehensive medical-legal report or a follow-up medical-legal report; or (2) addressing an issue that was requested by a party to the action to be addressed in a prior comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation.

Modifier

Choose applicable modifier*

- 92 Primary Treating Physician:** Evaluation performed by the PTP
- 94 Agreed Medical Evaluator:** Evaluation performed by an AME
- 95 Qualified Medical Evaluator:** Evaluation performed by a QME

*Use expanded modifier checklist if using an interpreter, or if psychological, psychiatric, toxicology, or oncology evaluation is the primary focus.

Add-on Codes

- MLPRR - Record Review**

Reimbursement: \$3.00 per unit (per page) Billable units: Page count in excess of 50 pages

- Total pages reviewed by physician evaluator: _____ less 50 = _____ billable units.
- §4062.3 Declaration and page count attestation received. Attestation page count: _____
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total number of pages of records reviewed** by physician.

Note: The records reported as reviewed by physician were not included in the records reviewed for either: 1) the Initial Comprehensive Medical-Legal evaluation or 2) a prior supplemental medical-legal evaluation.

- ML205 - Sub Rosa Recording Review**

Reimbursement: \$81.25 per unit (15-minute increment), reimbursed at \$325/hour, or the physician's customary hourly fee, whichever is less. Billable units: 15-minute increments

- Total minutes physician spent reviewing sub rosa recording: _____ ÷ 15 = _____ billable units.
For each quarter hour or portion thereof, round to the nearest quarter hour.
- §9795 Verification. Evaluation report includes verification under penalty of perjury of the **total time spent reviewing sub rosa recordings** by physician

Correspondence

Correspondence - For submission with bill, upload any correspondence to patient account: Injury Documents

- Correspondence received from party or parties uploaded to Injury Documents
- §4062.3 Declaration signed with page count attestation uploaded to Injury Documents

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- MLFS Report Cards with appeal language
- MLFS PDF Summary
- Superbills for new MLFS billing codes

California Medical-Legal Fee Schedule
Effective April 1, 2021

Code	Description	RV	Units Allowed	Payment per Unit
ML200	Missed Appointment	31	1	\$503.75
ML201	Comprehensive ML Evaluation	124	1	\$2,015.00
ML202	Follow-up ML Evaluation	81	1	\$1,316.25
ML203	Supplemental ML Evaluation	40	1	\$650.00
ML204	ML Testimony	7	1+ Time: 15 min / unit	\$113.75
ML205	Sub Rosa Recording Review	5	1+ Time: 15 min / unit	\$81.25
MLPRR	Record Review	na	1+ Page Count	\$3.00

ML203 - Supplemental Medical-Legal Evaluation
Reimbursement: \$650 | Billable units: 1 maximum

Modifiers:

- Modifier 92 Primary Treating Physician (PTP) - Fee Increase: None
- Modifier 93 Interpreter - Fee Increase: 1.1
- Modifier 94 Agreed Medical Evaluator (AME) - Fee Increase: 1.35
- Modifier 95 Qualified Medical Evaluator (QME) - Fee Increase: None
- Modifier 96 Psyche - Fee Increase: 2.0
- Modifier 97 Toxicology - Fee Increase: 1.5
- Modifier 98 Oncology - Fee Increase: 1.5

Add-on Codes:

- MLPRR Pages Exceeding: 200
- ML205 Sub Rosa Recording Review
- MLPRR Pages Exceeding: 50
- MLPRR n/a
- MLPRR n/a

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ONE LAST WORD



We  this stuff



... a lot



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